

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
27 County Cooper Registration District No. 218
2 Township Primary Registration District No. 3015
4 City Boonville (No. St. Ward)
2. FULL NAME Mrs Ida A. Hill
(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Mr Leon Hill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26-1883
7. AGE YEARS 49 MONTHS ✓ DAYS ✓ If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 1

FATHER 13. NAME Henry Hamilton

14. BIRTHPLACE (CITY OR TOWN) Mississippi (STATE OR COUNTRY) 2

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) 11 (STATE OR COUNTRY) 21

17. INFORMANT Mr Leon Hill (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Feb 29 1932

19. UNDERTAKER Goodman & Baller (ADDRESS) Boonville Mo.

20. FILED 2/29 1932 G. A. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1931, to Feb 26, 1932
I last saw h. or w. alive on Feb 25, 1932 Death is said to have occurred on the date stated above, at 6^{am}.

The principal cause of death and related causes of importance were as follows:

myocarditis
131
730
131
Other contributory causes of importance: myelitic (chronic)
Date of onset

Name of operation ① Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) @ H. W. Travençolo, M. D.

(Address) Boonville, Mo

