WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 23 1932

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

Do not use this space.

11554

1. PLACE OF DEATH

County Bates — Registration District No. 54

Township Rockville, Mo — Primary Registration District No. 4032

City " (No. , St. N. Ward)

File No.

Registered No.

2. FULL NAME Martha Schooey Hill.

(a) Residence, No. St., N. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Robt. B. Hill.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 6, 1846.

7. AGE: 85 YEARS ~~[illegible]~~ MONTHS 3 DAYS 27 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~[illegible]~~ Pa. 2

FATHER

13. NAME: John Schooley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

MOTHER

15. MAIDEN NAME: --- Oaks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

17. INFORMANT (ADDRESS): R. B. Hill, husband Rockville Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Tabowillee Mo

PLACE ~~Rockville~~, Mo. DATE Apr. 11, 1932.

19. UNDERTAKER (ADDRESS): Frank Lee. Appleton City Mo

20. FILED ~~4~~ 11 -- , 1932. Mrs. J. B. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 9, 1932. , 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1932. till Apr. 9, 1932, 19

I last saw her alive on Apr. 9, 1932, 19 Death is said to have occurred on the date stated above, at 1 P m.

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

Bronchial Pneumonia — Date of onset 4, 1.

162 10 [illegible]

Other contributory causes of importance: Age.

1

Name of operation 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?

If so, specify

(Signed) A. B. Freeman, M. D.

(Address) Rockville, Mo.