

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.

JUN 26 1932

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

Do not use this space.

20269

1. PLACE OF DEATH

72 County Way  
Township Way  
City Postageville Mo (No. ....)

Registration District No. 604  
Primary Registration District No. 5803

File No. 225  
Registered No. ....  
St. .... Ward

2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....  
(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 <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-9-32</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Postageville Mo</u>		
13. NAME <u>Eddie Hill</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Postageville Mo</u>		
15. MAIDEN NAME <u>Maggie B. Queen</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Postageville Mo</u>		
17. INFORMANT <u>Eddie Hill</u> (ADDRESS) <u>Postageville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Postageville cemetery</u> DATE <u>6/5/32</u>		
19. UNDERTAKER <u>W. M. Hays</u> (ADDRESS) <u>Postageville Mo</u>		
20. FILED <u>7/18</u> 19 <u>32</u> <u>Wojan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1932 to 6/4, 1932  
I last saw h. .... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11:15 AM  
The principal cause of death and related causes of importance were as follows:  
Calitis  
119  
Other contributory causes of importance: D

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify J. B. Bess, M. D.  
(Signed) Postageville, Mo  
(Address)

