

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.

AUG 25 1932

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

Do not use this space.

23267

1. PLACE OF DEATH
 55 County Lawrence Registration District No. 467
 1 Township Amasa Primary Registration District No. 4280
 4 City Amasa (No. _____) St. _____ Ward _____

2. FULL NAME Mary Ann Hillhouse
 (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 68 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) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of William P Hillhouse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 11 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeping
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 2-35
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Int Vernon Township

FATHER
 13. NAME Galley Hine Moore
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massville Tenn

MOTHER
 15. MAIDEN NAME Francois Jane Chambers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boulin Green Ky

17. INFORMANT Francois Jane Hillhouse
 (ADDRESS) Amasa Mo 61

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Graves DATE July 13 1932

19. UNDERTAKER T. E. B. Orr
 (ADDRESS) Amasa Mo

20. FILED 19 _____
P. W. Smart
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to July 12 1932
 I last saw him alive on July 12 1932. Death is said to have occurred on the date stated above, at 1 a m.
 The principal cause of death and related causes of importance were as follows:
General Sepsis
19415
36
36
 Other contributory causes of importance: infected finger cause
infection
 Name of operation Drainage Date of July 9-32
 What test confirmed diagnosis? Culture 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 House
 Nature of injury injury
small abrasion to finger

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) P. W. Smart _____, M. D.
 (Address) Amasa Mo

