

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

Do not use this space.

28410

1. PLACE OF DEATH

5 County Barry Registration District No. 29
Township Franklin Primary Registration District No. 5048
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 46
St. _____ Ward _____

2. FULL NAME

Retha Hillton
(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 Girl 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 - 37
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baryco md 1

FATHER
13. NAME Ray Hillton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baryco md

MOTHER
15. MAIDEN NAME Vina Mathews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Cd Mo

17. INFORMANT (ADDRESS) Ray Hillton Barryco md

18. BURIAL, CREMATION, OR REMOVAL PLACE Hilton Cem DATE 9-24-32

19. UNDERTAKER (ADDRESS) W. Hillton

20. FILED Oct 1 1932 Mrs. H. R. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-32
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

161D
Saw baby after it was dead. might have been infectious thru cord
Other contributory causes of importance:
have been infectious thru cord
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? m

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 GER Drogst M. D.
(Signed) Charles
(Address) _____

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.

CGY 24 1092

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

