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.

OCT 24 1932

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

Do not use this space.

28641

1. PLACE OF DEATH

13 County Caldwell — Registration District No. 99 — File No.

7 Township ~~Grant~~ — Primary Registration District No. 4061 — Registered No. 12

3 City Polo (No. , St. Ward)

2. FULL NAME Arena Hill

(a) Residence, No. St., 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 11 1885

7. AGE: YEARS 46 — MONTHS 11 — DAYS 25 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper at Home 165

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234

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) Caldwell Co Missouri

FATHER

13. NAME Daniel W. Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Missouri

MOTHER

15. MAIDEN NAME Louisa Estes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell Co Mo.

17. INFORMANT (ADDRESS) Mrs Louisa Hill Polo Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Cowgill Cem DATE Sep 8 1932

19. UNDERTAKER (ADDRESS) Arspaugh & Cowley Polo Mo

20. FILED Sept 27 1932 O C Mount Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Sept 6, 1932

I last saw her alive on Sept 4, 1932 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Hanging. — Date of onset

165 / 44 / 117 — 5 — 165

Other contributory causes of importance:

Dementia Precox

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? Suicide Date of injury , 19

Where did injury occur? Polo Mo (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) C. H. Wilbur (Coroner, M. D.) (Caldwell Co Mo)

(Address) Polo Mo