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

Do not use this space.

17618

JUN 23 1933

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.

94

735

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1. PLACE OF DEATH
County *St. Francois*
Township *Randolph*
City *Cantwell* (No. , St. Ward)

Registration District No. *779*
Primary Registration District No. *6024a*

File No.
Registered No.

2. FULL NAME *Hazel Lee Hill*

(a) Residence, No. *Cantwell Mo* 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 *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 *John Hill*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 6-1894*

7. AGE YEARS *39* MONTHS *2* DAYS *5* IF LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home work*
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) *Indiana*

FATHER
13. NAME *James Sport*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

MOTHER
15. MAIDEN NAME *Lillian Woodward*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT (ADDRESS) *John Hill Cantwell Missouri*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Herod* DATE *May 14, 1933*

19. UNDERTAKER (ADDRESS) *C. J. Boyer Desloge Mo*

20. FILED *May 24, 1933* Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-11 19 33*

22. I HEREBY CERTIFY, That I attended deceased from *June 19 32* to *5-9 19 33*
I last saw her alive on *5-9 19 33* Death is said to have occurred on the date stated above, at *10 p.* m.
The principal cause of death and related causes of importance were as follows:

Date of onset *unk.*

Carcinoma uterus
48
1933 48

Other contributory causes of importance:
See hemorrhage

Name of operation *none* Date of
What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* Date of injury , 19
Where did injury occur? *no* (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? *no*
If so, specify
(Signed) *Harold C. Gaebe* M. D.
(Address) *Desloge Mo*