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 26 1933

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 22879
Township — Primary Registration District No. 2001 — Registered No. 535
City Springfield (No. 1535, E. Florida St. Ward)

2. FULL NAME Jerusha M. Hillman
(a) Residence, No. 1535 E. Florida 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 - 1837
7. AGE Years 96 Months 5 Days 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work
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) Ohio

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME — Snyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. E. J. Mason Colony Kan.
18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn Cemetery DATE July 15, 1933
19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield, Mo.
20. FILED 7-15 1933 Ralph W. Langston Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 - 1933
22. I HEREBY CERTIFY, That I attended deceased from 5 - 8 - 1933 to July 13 - 1933
I last saw her alive on July 13 - 1933. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Right Femur
1864
1948
1860
5

Other contributory causes of importance:
Senility
162

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? accident Date of injury 5 - 8, 1933
Where did injury occur? Springfield, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home.
Manner of injury Fell on floor in kitchen
Nature of injury Fracture of right femur.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. Kelly, M. D.
(Address) Springfield Mo