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

Do not use this space.

Registration District No. 378
Primary Registration District No. 4222

File No. 32877
Registered No. 67

1. PLACE OF DEATH
County: Howard
Township:
City: Fayette, Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Maggie Hill

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode) Hazelberry

Length of residence in city or town where death occurred 6 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR)~~ WIFE OF: Fisher Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 17, 1861

7. AGE: Years 72 | Months 3 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Howard Co. Mo.

FATHER
13. NAME: Buck Stapleton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Hanna Stapleton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Fisher Hill, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: High Hill DATE: 10-4, 1933

19. UNDERTAKER (ADDRESS): Ole S. Duncan, Fayette Mo.

20. FILED: Oct. 8, 1933 V. Q. Bonham, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1933, to Oct. 3, 1933
I last saw her alive on Sept. 26, 1933. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

Gastro Enteritis — Date of onset 9-19-33
Fixed B.P. 13 — 54 — 13 — 20

Other contributory causes of importance:
Cystitis
Fibroid Tumor of Uterus

Name of operation ..... 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? — 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? No
If so, specify.....
(Signed) J. G. Richards, M. D.
(Address) Fayette Mo

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.