

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

37014

JAN 4 1934

PLACE OF DEATH

County Lawrence
Township North Union Co.
City Merion (No. _____)

Registration District No. 420
Primary Registration District No. 4288

File No. _____
Registered No. 84
St. _____ Ward _____

2. FULL NAME

Dorothy Gibson Hill

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Brooks Hill</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 31 - 1902</u>			
7. AGE YEARS <u>31</u>	MONTHS <u>0</u>	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, Sawyer, bookkeeper, etc. <u>at home</u>		
	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) <u>Merion Mo</u>			
MOTHER	13. NAME <u>William Newton Markert</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Verona Mo</u>		
	15. MAIDEN NAME <u>Stella Jane McGraw</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monmouth Ill</u>			
17. INFORMANT <u>W. N. Markert</u> (ADDRESS) <u>Merion Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>100 7th St</u> DATE <u>Nov 5 1933</u>			
19. UNDERTAKER <u>Dr. J. C. Hill</u> (ADDRESS)			
20. FILED <u>Nov 5 1933</u> <u>W. N. Markert</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to Nov 4 1933

I last saw her alive on Mar 2 1933. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Pericardium Date of onset 1929

Other contributory causes of importance:
Carcinoma of Esophagus 1930

Name of operation rough dissection Date of 11/14/33

What test confirmed diagnosis? Path Was there an autopsy? yes

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 _____
(Signed) W. N. Markert M. D.
(Address) Merion Mo

