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.

JAN 26 1934

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

Do not use this space.

41039

84

1. PLACE OF DEATH
County: Polk — Registration District No.: 701
Township: Marion — Primary Registration District No.: 5920
City ..... (No. ....., ..... St. ..... Ward)

File No. .....
Registered No. 66

2. FULL NAME: Carney Hill

(a) Residence, No. (Usual place of abode): County Farm St., ..... Ward. ..... (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: Single –

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6th 1875

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 58 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House keeper
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): Polk Co Mo

FATHER
13. NAME: N. Brines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Lucy Pike
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Zoe Thompson County Farm

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Slagle DATE: Dec 16th, 1933

19. UNDERTAKER (ADDRESS): Hutcheson - Blue Bootver

20. FILED: Dec 16, 1933 J. P. Roberts Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 16 th 33, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933, to Dec 16, 1933
I last saw her alive on Dec 14, 1933. Death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Degen to forearm | |
| Cholelithiasis | |
| Pelothorax | |
| 2556 | |
| 59 | |

Other contributory causes of importance: Diabetes Mellitus

Name of operation: no 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: Nov 13, 1933
Where did injury occur? At home of patient
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
At home on County Farm
Manner of injury: Caught foot in mangle
Nature of injury: Crushed foot crushed bone
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Chas H. Brown, M. D.
(Address) Fair Play – MO