

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Ray co
Township Ray
City Ray (No. 1)

Registration District No. 915
Primary Registration District No. 6236

File No. 13961

Registered No. _____ St. _____ Ward)

2. FULL NAME Breda Marie Hill

(a) Residence, No. _____ St. _____ Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED

husband or
(OR) WIFE OF Dave Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

<u>26</u>	<u>4</u>	<u>22</u>	
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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) Ray Co Mo13. NAME Chas Thacker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co15. MAIDEN NAME Mollie Swafford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co17. INFORMANT Dave Hill
(ADDRESS) Ray Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union DATE 4-9 193419. UNDERTAKER Alsbaugh & Cowley
(ADDRESS) Ray Mo20. FILED April 11 1934 Virginia Showalter
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 193422. I HEREBY CERTIFY, That I attended deceased from 3-30 1934 to Apr 8 1934I last saw him alive on Apr 7 1934 Death is said to have occurred on the date stated above at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 10/8

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chuse 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?

If so, specify _____

(Signed) C. E. Hill M. D.(Address) Ray Mo

WRITE PLAINLY, WITH OUTLINES. 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.

