

OCT 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County PulaskiRegistration District No. 717Township LibertyPrimary Registration District No. 5941City Lola(No. 11) St. Mo. Ward)File No. 33780Registered No. 21

2. FULL NAME

Lola Lee 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 14, 1924

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

91020

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.

At Home

10. Date deceased last worked at this occupation (month and year)

Aug. 27, 1934

11. Total time (years) spent in this occupation

Life Pulaski Co. Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pulaski Co. Mo.

13. NAME

Robert Lee Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pulaski Co. Mo.

15. MAIDEN NAME

Kirtie Addine Jeffries

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Witten Co. Mo.

17. INFORMANT (ADDRESS)

Robert Lee Hill Richland. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Aderna Cemetery 9.0' - 1934

19. UNDERTAKER (ADDRESS)

R. B. Reagle Richland. Mo.

20. FILED

off 5 24 Evert A. Oliver Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 - 193422. I HEREBY CERTIFY, that I attended deceased from Aug 29, 1934, to Sept 4, 1934I last saw her alive on Sept 4, 1934. Death is said to have occurred on the date stated above, at 7:00 p.m.The principal cause of death and related causes of importance were as follows:
Heart Failure Date of onset 9/4/1934Other contributory causes of importance:
Paralysis of Bowels 8-28/34Name of operation none Date of noneWhat test confirmed diagnosis? Buddi 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)

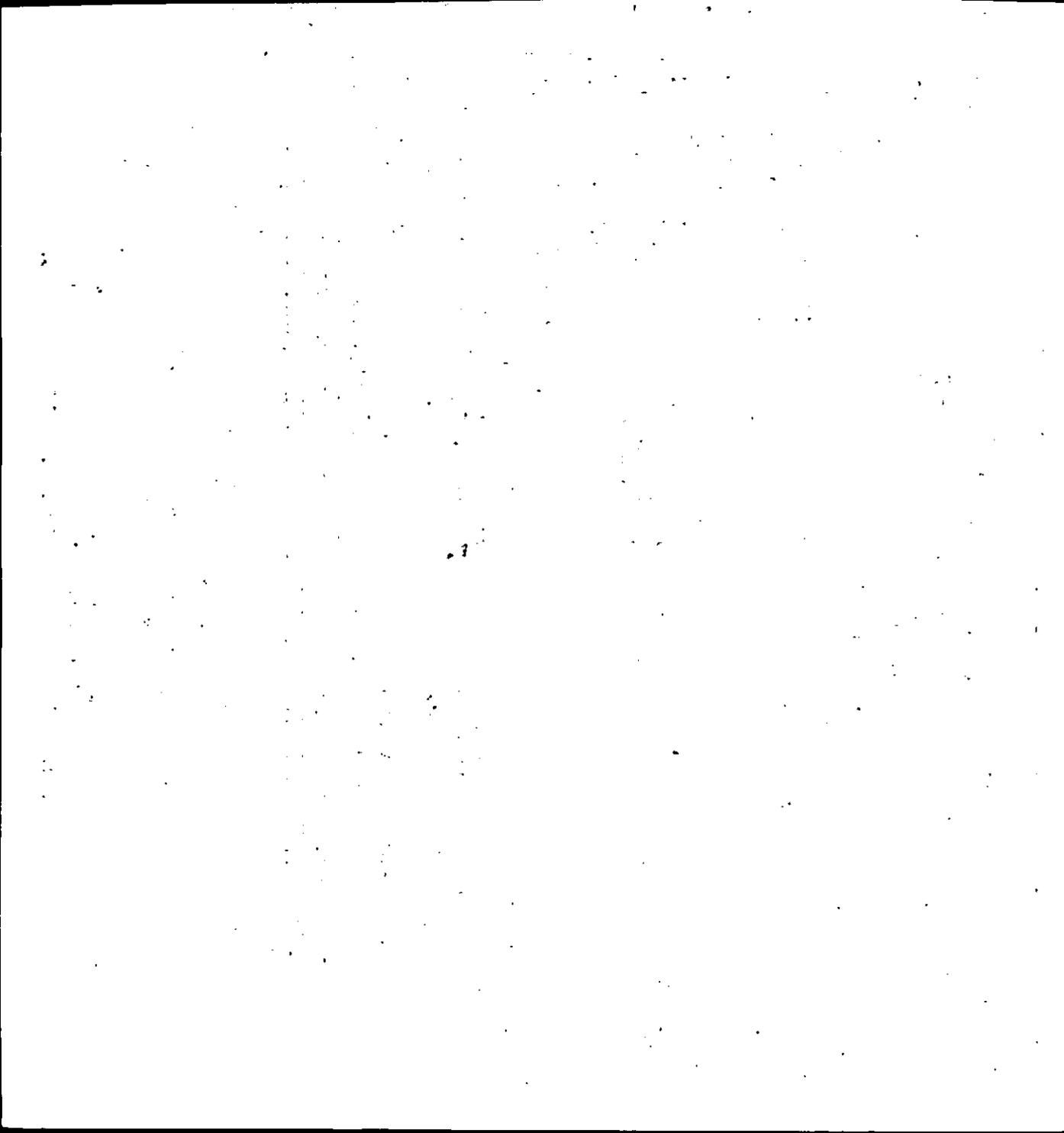
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease ordinary in any way related to occupation of deceased? noIf so, specify _____ (Signed) Evert A. Oliver, M. D.(Address) Richland. Mo.

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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pulaski Registration District No. 712
Township Liberty Primary Registration District No. 5941
City..... (No. St. Ward)

File No.
Registered No. 21

2. FULL NAME

Leola Lee 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-14-1924</u>		
7. AGE	YEARS <u>9</u>	MONTHS <u>10</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
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)	

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 19..... Ernest A. Oliver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-4-1934

22. I HEREBY CERTIFY, That I attended deceased from

to, to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

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

Heart Failure
no rest no food
no bowel peristalsis
general exhaustion
Date of onset

Other contributory causes of importance:
analysis of Bowels
abstipation

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? 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), M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AND PRECISELY AS PRESCRIBED BY LAW

AP66E-5