

JUL 21 1935

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

Do not use this space.

22635

1. PLACE OF DEATH

County Brandy Registration District No. 329 328
Township Marion Primary Registration District No. 511-1A
City (No. _____) St. _____ Ward _____

2. FULL NAME Mary Eural Hill

(a) Residence No. Trenton R. 740 # 2 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 0 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Tanesville Ohio

MOTHER 13. NAME Richard Morris

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

15. MAIDEN NAME Sophia McNeill

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

17. INFORMANT Mrs Bessie Hill
(ADDRESS) Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rural Dale DATE _____ 19 _____

19. UNDERTAKER Hewley Funeral Home
(ADDRESS) Trenton Missouri

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1935, to June 6/19 1936

I last saw her alive on June 13 1936. Death is said to have occurred on the date stated above, at 11:50 P.M.

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

Valvular heart disease with myocarditis
Date of onset many years ago

Other contributory causes of importance: None

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 _____

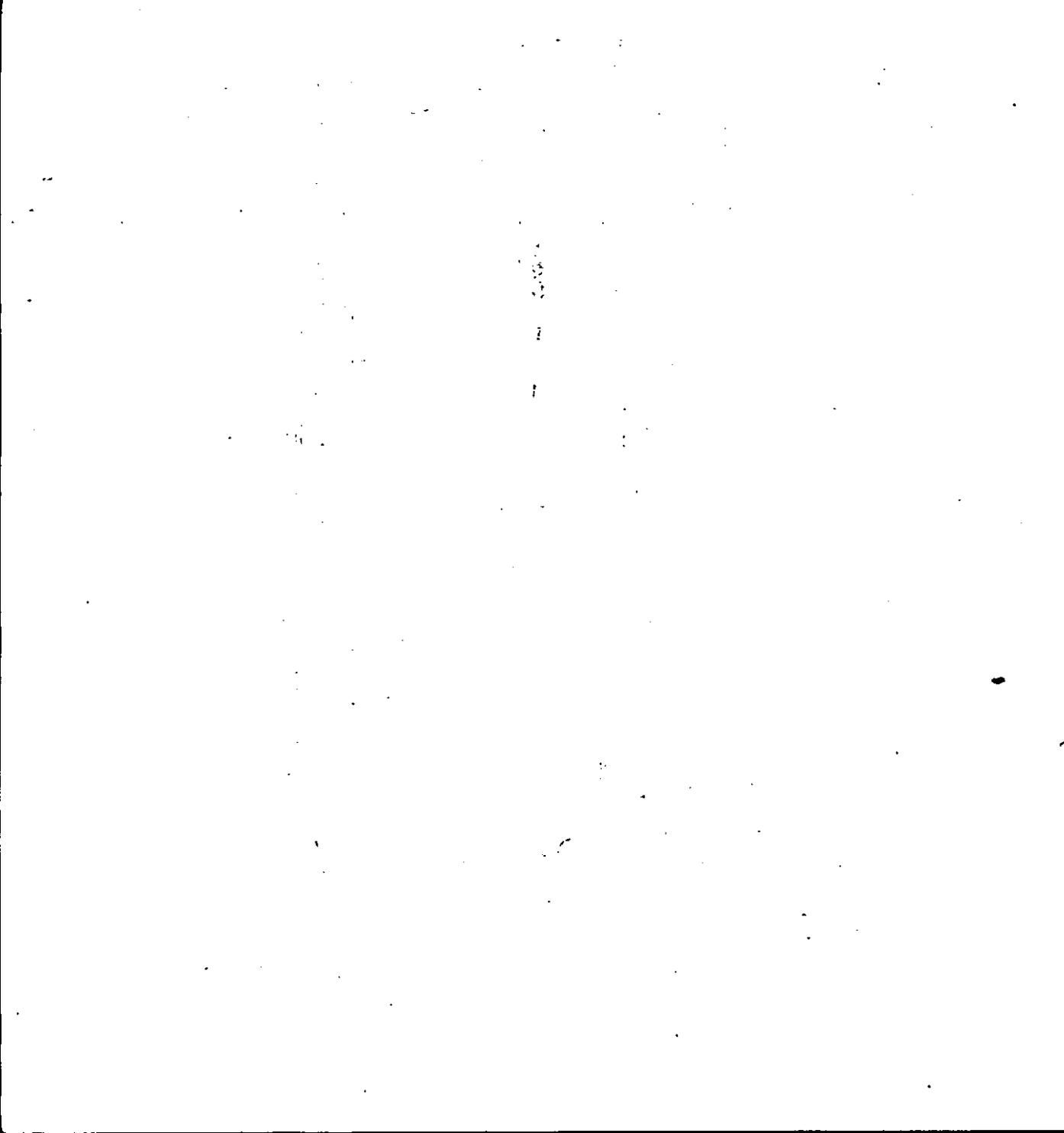
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) O. P. Peaks, M. D.

(Address) Trenton Mo



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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Grundy Registration District No. 329
 Township Marion Primary Registration District No. 3454A
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Mary Eural 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>S. P. Hill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8 1856</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>0</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housekeeper</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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zanesville Ohio</u>	11. Total time (years) spent in this occupation	
FATHER	13. NAME <u>Richard Morris</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W.K.</u>	
MOTHER	15. MAIDEN NAME <u>Sophia Mc Nutt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Max Bessie Hill</u> (ADDRESS) <u>Wenton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rural Hill</u> DATE <u>June 22, 1936</u>		
19. UNDERTAKER <u>Healey Funeral Home</u> (ADDRESS) <u>Wenton Mo</u>		
20. FILED <u>Sept. 5, 1936</u> <u>J. C. Humphreys</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to June 6, 1936
 I last saw her alive on June 13, 1936 Death is said to have occurred on the date stated above, at 11:20 P
 The principal cause of death and related causes of importance were as follows:
Valvular Heart disease with myocarditis Date of onset _____
 Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy 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) O. S. Rogers M. D.
 (Address) Wenton Mo

5-22635