

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Genevieve* Registration District No. *783*
Towship *Saline* Primary Registration District No. *6029*
City (No. *2*) St. _____ Ward _____

File No. *2894*
Registered No. _____

2. FULL NAME

Mary Lavonne Hill - 1
(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 *F.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 30 - 1936*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 1 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) *St. Genevieve, Mo.*
(STATE OR COUNTRY) *Mo.*

13. NAME *Raymond Hill* *2*

14. BIRTHPLACE (CITY OR TOWN) *Centralia* *1*
(STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Mabel Transdale*

16. BIRTHPLACE (CITY OR TOWN) *Wine, La. Matte*
(STATE OR COUNTRY) *Mo.*

17. INFORMANT *Raymond Hill*
(ADDRESS) *Waverick*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Waverick* DATE *1/19* *1937*

19. UNDERTAKER *E. E. Webb (lead casket)*
(ADDRESS) *Indian town*

20. FILED *Feb 10* 1937 *Mrs. N. N. Vaughn*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 18* 1937

22. I HEREBY CERTIFY That I attended deceased from *Jan. 13*, 1937, to *Jan. 18*, 1937.

I last saw her alive on *Jan. 13*, 1937. Death is said to have occurred on the date stated above, at *2:10* p. m.

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

Gastroenteritis

Date of onset

Jan. 13

Other contributory causes of importance: *WAB*

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? *Yes*

If so, specify _____

(Signed) *E. E. Wigdon*, M. D.

(Address) *Fredericktown, Mo.*

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.

The following is a list of the books in the collection of the University of Chicago Library, which were purchased by the University of Chicago Press, Chicago, Ill., in the year 1911.

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