

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH
59 County Levinston Registration District No. 5.08 File No. 7113
Township..... Primary Registration District No. 3.26 Registered No. 34
City Chillicothe (No.) St. Ward)
7 2. FULL NAME Virginia Caroline 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. da. 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benson Hill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1958
7. AGE YEARS 78 MONTHS 6 DAYS 22 If LESS than 1 day, hrs. or min.
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) Davis Co. Mo.
FATHER
13. NAME Robert B. Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA.
MOTHER
15. MAIDEN NAME Jane Walls
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA.
17. INFORMANT Mrs. Geo. Donoville
(ADDRESS) Chillicothe, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Jamespat DATE Feb. 21, 1937
19. UNDERTAKER McInerchages
(ADDRESS) Chillicothe, Mo.
20. FILED Feb 20, 1937 Donald D. Newell, R.D.
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937 to Feb 20, 1937
I last saw h. W alive on Feb 18, 1937 Death is said to have occurred on the date stated above, at 12:10 am.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
Date of onset 1931
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis? fluenal 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 A. Callier, M. D.
(Signed) Chillicothe Mo
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

