

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

Do not use this space.

JUN 16 1937

1. PLACE OF DEATH

County Bates

Registration District No. 53

File No. 19364

Township Rich Hill

Primary Registration District No. 3005

Registered No. 80

City Rich Hill (No. 1)

St. Mo. Ward

2. FULL NAME

Goldie L. 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

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)

Apr. 26-1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

15

OCCUPATION

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) (STATE OR COUNTRY)

Rich Hill Mo

FATHER

13. NAME

Ray Hill

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

Arkansas

MOTHER

15. MAIDEN NAME

Dora Smith

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

Arkansas

17. INFORMANT (ADDRESS)

Ray Hill Rich Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood

DATE May-12-1937

19. UNDERTAKER (ADDRESS)

Rich Hill Mo.

20. FILED

May 17 1937

Rich Hill Mo.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 11 1937

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on May 11 1937 Death is said to have occurred on the date stated above at 3:30 pm

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

Date of onset

159
malnutrition
8 mo.

Other contributory causes of importance:

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)

