

JUN 16 1937

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

Do not use this space.

1. PLACE OF DEATH  
 County Boone Registration District No. 73  
 Township Columbia Primary Registration District No. 3006  
 City Columbia (No. 2) St. 1 Ward 1  
 File No. 19420  
 Registered No. 138

2. FULL NAME Lena Hill  
 (a) Residence, No. 207 So. Barth 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) Widowed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-31-1851  
 7. AGE YEARS 85 MONTHS 11 DAYS 11 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12-1937  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1937 to May 12, 1937  
 I last saw her alive on May 6th, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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         

Other contributory causes of importance:  
Has had angina pectoris and periods of fibrillation for years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) H. Smith, Arkansas  
 13. NAME John McCarron  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 15. MAIDEN NAME Don't Know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

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.

17. INFORMANT Mrs Emma Hill (ADDRESS) 207 So Barth Columbia  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem DATE 5-14-37  
 19. UNDERTAKER (ADDRESS) Parker Furniture Co Columbia Mo  
 20. FILED 5/26/37 1937 Allie Selby Registrar

Manner of injury           
 Nature of injury         

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify           
 (Signed)          M. D.  
 (Address) Columbia Mo

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

OCCUPATION FATHER MOTHER

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