

AUG 2 1937

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

Do not use this space.

27606

File No. 27606

Registered No. St. Ward)

1. PLACE OF DEATH

County *St. Louis*
Township *W. Davis*
City *Higginville* (No. *1*)

Registration District No. *460*
Primary Registration District No. *4274*

2. FULL NAME

(a) Residence, No. *Katy Hill* 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

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Married - Div -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

47

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)

Higginville Mo

FATHER

13. NAME

Sam Fields

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

Schoolingville Mo

MOTHER

15. MAIDEN NAME

Lillian Collins

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

Lexington Mo

17. INFORMANT (ADDRESS)

Hugh Grant Higginville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Pr. and Land* DATE *May 24* 1937

19. UNDERTAKER (ADDRESS)

Decker & Meinerthaus Higginville Mo

20. FILED

Aug 2 1937 *T. H. Webb* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 22* 193722. I HEREBY CERTIFY, That I attended deceased from *1925*, to *May 22*, 1937I last saw h. *er* alive on *Mar 27*, 1937. Death is said to have occurred on the date stated above, at *9 P. m.*

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

Chronic Valvular Disease *6 yrs.* 1935

Date of onset

Other contributory causes of importance:

Name of operation *none* Date of *none*What test confirmed diagnosis? *Physical* 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.

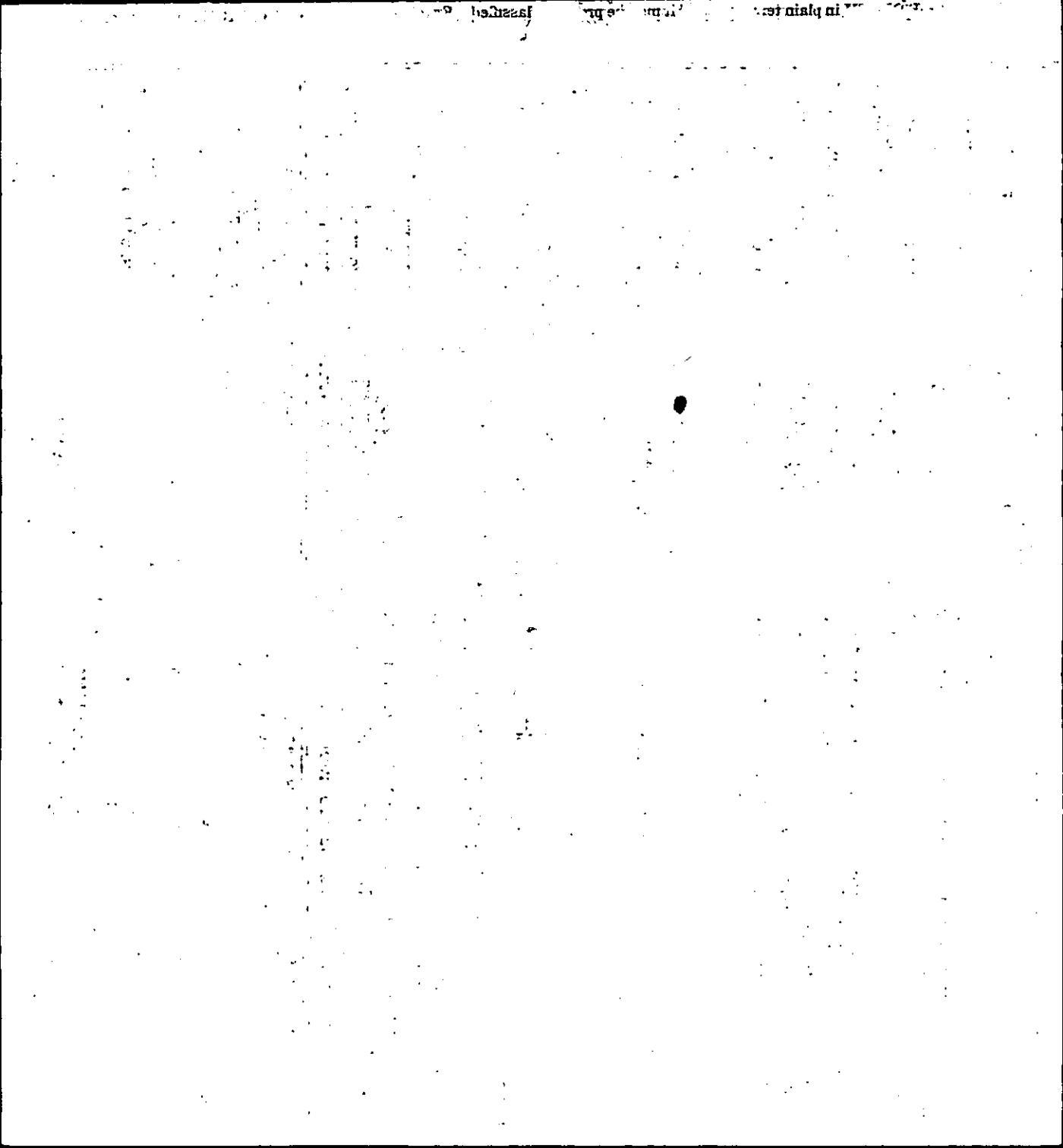
Manner of injury

Nature of injury *1*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *None*(Signed) *W. H. Keppentrud*, M. D.(Address) *Higginville, Mo*

Every item of information should be carefully supplied. No space should be left blank. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
 (b) Township..... Primary Registration District No. 4274 Registered No.
 (c) City Higginsville (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katy Hill

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1937

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 47

Other contributory causes of importance:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
 9. Industry or business in which work was done, as 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)

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.....

FATHER 13. NAME.....
 14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME.....
 16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE May 27 1937

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Aug 2 1937 Tiffany Walls Local Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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