NOV 16 1937

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

Do not use this space.

37374

1. PLACE OF DEATH
County: Carter
Township: Carter
City: (No. , St. Ward)
Registration District No. 143
Primary Registration District No. 5205
File No.
Registered No.

2. FULL NAME: Daisy Ann Hilvey

(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): S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 19 1937

7. AGE: Years | Months | Days: 3 | If LESS than 1 day, 16 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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): Carter Co. Mo.

FATHER
13. NAME: Clarence Ernest Hilvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Reynolds Co. Mo.

MOTHER
15. MAIDEN NAME: Bessie Hauge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Reynolds Co. Mo.

17. INFORMANT (ADDRESS): C. E. Hilvey, Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ellington DATE: 10-23- 1937

19. UNDERTAKER (ADDRESS): Nola Price, Fremont, Mo.

20. FILED 10-23- 1937 M Cotton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19th, 1937, to Oct. 22, 1937
I last saw him alive on Oct. 22, 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of new born with gastrointestinal Hemorrhage	

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) Dr. J. W. Cotton, M. D.
(Address) Van Buren, Mo.

M.D.W.