

Wid DEC 17 1937

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

Walsh

Do not use this space.

41288

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield

No. 903 W. Florida

File No. 1097

Registered No. 1097

St. Mo.

Ward

2. FULL NAME Mabella Dea Hill

(a) Residence, No. 2020 N. Prospect St.,

Ward.

(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.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1 - 1855

7. AGE

YEARS 81

MONTHS 11

DAYS 19

IF LESS THAN 1 day, .....hrs. or .....min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In Home

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) New York

FATHER

13. NAME Thomas F. Justice

MOTHER

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

15. MAIDEN NAME Mabella Skinner

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

17. INFORMANT Miss Mable Justice

(ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood Cem

DATE Nov 24 1937

19. UNDERTAKER (ADDRESS) W. Klingner & Co. Springfield Mo

20. FILED Nov 22 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/20 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1937, to 11-20, 1937

I last saw her alive on 11-18 37 Death is said to have occurred on the date stated above, at 6:00 P.M.

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

Hemorrhage from lung resulting from carcinoma of lung & general weakness

Other contributory causes of importance: carcinoma of lung & general weakness

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury, 1937

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) W. T. Walsh, M. D.

(Address) Springfield Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD THIS IS A PERMANENT RECORD

