

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.

DEC 2 11937

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

Do not use this space.

41698

1. PLACE OF DEATH

County Laclede  
Township \_\_\_\_\_  
City Lebanon (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

Registration District No. 449  
Primary Registration District No. 4267

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 120 Chestnut St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(Wallace Memorial Hospital)

(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) married

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF William Moberly Hill

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1937, to 11/20, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 1906

I last saw her alive on 11/20, 1937 Death is said to have occurred on the date stated above, at 10:30 p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
25 31 7 12

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

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. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Date of onset

Bilateral  
108  
Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kans

Name of operation none Date of \_\_\_\_\_

13. NAME Harace Batsford

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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

15. MAIDEN NAME May Hunt

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

17. INFORMANT Wm M. Hill  
(ADDRESS) Lebanon Mo

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lebanon DATE 11/22 1937

Nature of injury \_\_\_\_\_

19. UNDERTAKER W.E. Holman  
(ADDRESS) Lebanon Mo

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 11-23-37 J. A. McCouch  
Registrar.

If so, specify Paul A. Jackson, M. D.  
(Signed) \_\_\_\_\_ (Address) Lebanon, Mo

