

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

Do not use this space.

7

1. PLACE OF DEATH

64
2
0
County Marion
Township Liberty
City Palmyra (No.)

Registration District No. 548
Primary Registration District No. 4323

File No. 3432
Registered No. 2 St. Ward)

2. FULL NAME Orvele J. Hills 1220
Palmyra, Mo.
(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. (If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1903

7. AGE YEARS 34 MONTHS 10 DAYS 23 IF LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Jan. 5, 1938 **11. Total time (years) spent in this occupation** 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colchester, Ill.

MOTHER FATHER
13. NAME Clarence Hills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME Effie Finley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Leola Hills
(ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra, Cemetery 1/13/38
DATE

19. UNDERTAKER Lewis Brown
(ADDRESS) Palmyra, Mo.

20. FILED Jan. 13, 1938 W. W. Lee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1938

22. I HEREBY CERTIFY That I attended deceased from 1/5, 1938, to 1/11, 1938
I last saw him alive on 1/11, 1938 Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset

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? no
If so, specify.....
(Signed) W. W. Lee, M. D.
(Address) Palmyra Mo.

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

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH