

REC'D MAY 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County SanbagelRegistration District No. 735File No. 15634

Township

Primary Registration District No. 3034Registered No. 82City Mobile (No.)

St. Ward

2. FULL NAME

Mrs Goldie May Jones Hill, 400(a) Residence, No. 502 Patton 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 Colord. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tommie Hill.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 19007. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 37 1900 June 17OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Centralia Mo.FATHER 13. NAME Felix Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia MoMOTHER 15. MAIDEN NAME Adia Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Mo17. INFORMANT (ADDRESS) Walter Mrs Katherine Vilar 502 Patton Mobile 30018. BURIAL, CREMATION, OR REMOVAL PLACE DATE Centralia Mo April 7 193819. UNDERTAKER (ADDRESS) Funeral Home of E. J. ...20. FILED April 8 1938 Registrar. Ethel ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 193822. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1938 to April 4, 1938I last saw her alive on April 4, 1938. Death is saidto have occurred on the date stated above, at 7:20 P. m.

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

Hypertensive Heart Disease Date of onset95 B 3.

Other contributory causes of importance:

Acute Coronary Occlusion (sudden)

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) H. H. ... M. D.(Address) Mobile, Mo

7 SEX

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FATHER

MOTHER

11

18 BI

17 FU

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

15-634
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 738
(b) Township _____ Primary Registration District No. 3034 Registered No. _____
(c) City Moberly (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 Miss Goldie May Jones 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

3. SEX 7 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1900
AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 8 17

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)

FATHER 13. NAME

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

M 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

FUNERAL DIRECTOR (ADDRESS)

20. FILED April 5, 1938 Ethel Cleeves Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) apr 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him 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:

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?

If so, specify _____

(Signed) H. A. Langdon, M. D.

(Address) Moberly mo

S-15634 1938

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