

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

26137
 Do not use this space.

REC'D AUG 26 1938

2
1

1099
5868

1. PLACE OF DEATH

(a) County Pemiscott Registration District No. _____
 (b) Township Little River Primary Registration District No. _____ Registered No. _____
 (c) City Wardell (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

Shirley Louise Hill 400
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 13, 1938.
 I last saw him alive on July 13, 1938 Death is said to have occurred on the date stated above, at 6:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1937

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

Distress
 Date of onset 0-25-38

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. infant
 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 _____

Other contributory causes of importance: Coarctation
9
7-5-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan, Mo.

FATHER 13. NAME Tony Hill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, Mo.

MOTHER 15. MAIDEN NAME Navolus Grogan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rector, Ark.

17. INFORMANT (ADDRESS) Mrs Tony Hill
Wardell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell, Mo. DATE July 14, 1938

19. FUNERAL DIRECTOR (ADDRESS) R. L. Payne
Portageville, Mo.

20. FILED 8-10 1938 J. L. Treacy Local Registrar. 590

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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. C. Leonard M. D.
Portageville, Mo. (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)