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.

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

CSSE OCT 24 1938

31813
Do not use this space.

1. PLACE OF DEATH
(a) County Butler — Registration District No. 89
(b) Township Poplar Bluff — Primary Registration District No. 3007 — Registered No. 186
(c) City Poplar Bluff, Mo. (d) Street No. 812 Duncan. 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 Millie Ellen Hill
(a) Residence, No. Poplar Bluff, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1860

7. AGE: Years 78 — Months 2 — Days 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
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) Wayne County Missouri 0

FATHER
13. NAME Jonathan Gentry 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Missouri 0

MOTHER
15. MAIDEN NAME Martha Dees
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Missouri

17. INFORMANT Mrs. Mary Laughlin
(ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Hill DATE October 17, 1938

19. FUNERAL DIRECTOR Greer-Croy Service
(ADDRESS) Poplar Bluff, Missouri

20. FILED 10/17, 1938 O. C. Gutangn
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938, to Oct 16, 1938
I last saw h.er alive on Oct 15, 1938. Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	10/15/38
8 d	
Arteriosclerosis	?
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) J. Lee Harwell M. D.
(Address) Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Grover W Green, Licensed Embalmer No. 2964

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Grover W Green

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Grover W Green

Licensed Embalmer No. 2964

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