

JAN 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH43790
Do not use this space.

1. PLACE OF DEATH

(a) County Miller 2Registration District No. 561(b) Township Saline 1Primary Registration District No. 43-36Registered No. 98(c) City Olean 1(d) Street No. 4532 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 Fromia Vaughann Hill(a) Residence, No. 401 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. Hill6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 18677. AGE YEARS 71 MONTHS 7 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.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. Housewife 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0FATHER 13. NAME James Vaughann 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1MOTHER 15. MAIDEN NAME Woods 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 117. INFORMANT Ed. Hill (ADDRESS) Olean, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Dooley DATE 2-4-1938 1919. FUNERAL DIRECTOR (NAME) Phillips Funeral Home (ADDRESS) Eldon Missouri20. FILED 12-4 1938 Belle Haynes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-1938 1922. I HEREBY CERTIFY, That I attended deceased from 11/26, 1938 to 1/2/38, 1938I last saw him alive on 12/2/38, 1938 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

apoplexy g2w1 11/26/38

Other contributory causes of importance:

Arterio-Sclerosis 2Name of operation _____ Date of _____ What test confirmed diagnosis? Chemo 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. J. Walker, M. D. (Address) Eldon Mo.

RECEIVED

Miller County Health Dep't.

County File Number 38

Date Filed 1-11-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Louis D. Phillips, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.