REC'D MAR 15 1939

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

5795
Do not use this space.

1. PLACE OF DEATH
(a) County Barry — Registration District No. 29
(b) Township Mineral # 1, — Primary Registration District No. 5039 — Registered No. 8
(c) City ..... (d) Street No. R. F. D. 2, Jenkins, Mo. 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.
4 55

2. PRINT FULL NAME Faye Dola Hilton
(a) Residence, No. Barry County 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
2	9	16	

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) Barry County (STATE OR COUNTRY) Missouri

FATHER
13. NAME Charles Benton Hilton
14. BIRTHPLACE (CITY OR TOWN) Barry County (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Arvilla Huse
16. BIRTHPLACE (CITY OR TOWN) Barry County (STATE OR COUNTRY) Missouri

17. INFORMANT C. B. Hilton (ADDRESS) R. F. D. 2, Jenkins, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clio DATE 2/23/39, 19

19. FUNERAL DIRECTOR (NAME) Koon Funeral Home (ADDRESS) Cassville, Missouri

20. FILED 2-23, 1939 Geo. Newman, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22/39, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1939, to Feb 21, 1939
I last saw her alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at 10:30A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	
Pneumonia Bronchial	

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) Glenn H. Salyer, M. D.
(Address) Cassville Mo.

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-39-532
Date Filed MAR 8 1939

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, Phillip Eugene Wood, or by

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

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Cassville, Missouri.

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

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