REC'D MAR 10 1939

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

Do not use this space.

1. PLACE OF DEATH
County Pettis — Registration District No. 669 — File No. 7471
Township Smithton — Primary Registration District No. 5892 — Registered No. 4
City ... (No. 4[illegible]) ... St. ... Ward)

2. FULL NAME Margaret M Hill

(a) Residence, No. ... St., ... Ward. ... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Jan 1-1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	29	1	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
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) Dec 1938 — 11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Missouri

FATHER
13. NAME H. L. Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manitou Co Missouri

MOTHER
15. MAIDEN NAME Edna Wilcoxon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Franklin Mo

17. INFORMANT (ADDRESS) Mrs H. L. Hill Smithton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithton, Mo DATE 2-8-1939

19. UNDERTAKER (ADDRESS) A. F. Kennedy Smithton

20. FILED Feb 8, 1939 Mrs H L Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1939, to Feb 5, 1939
I last saw her alive on 2-5-, 1939. Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	
	1/31
Influenza	
Chron Dif. Nephritis	

Other important causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy 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) E E Hallam, M. D.
(Address) Smithton 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.

Monsees Rec'd