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.

REC'D MAR 21 1939

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

Do not use this space.

1. PLACE OF DEATH
County Putnam 2
Township Jackson 1
City Pollock R1D (No. ..... St. ..... Ward)

Registration District No. 718
Primary Registration District No. 5949

File No. 7557
Registered No. 7

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

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 Allen H. Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1875

7. AGE YEARS 63 MONTHS 10 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Missouri

FATHER
13. NAME Dave L. Bruce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Katherine De Haven
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Glenn E. Hill Cody Wyo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wilson Cemetery DATE Feb 8 1939

19. UNDERTAKER (ADDRESS) F. O. Husted & Son Unionville Mo

20. FILED Feb 14 1939 N W Gillum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1939, to Feb. 7, 1939
I last saw her alive on Feb. 7, 1939. Death is said to have occurred on the date stated above, at 11.15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes 54	
Other contributory causes of importance:	
Flu. Pneumonia	Jan 2-39

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) J. Neal Martin, M. D.
(Address) Unionville Mo

RECEIVED
District Health Officer No. 10
District File Number 10-39-392
Date Filed MAR 3 1939