

MAY 1 0 1939

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

16274

Do not use this space.

1. PLACE OF DEATH
(a) County Scott Registration District No. 821
(b) Township _____ Primary Registration District No. 4563 Registered No. _____
(c) City Sikeston, Mo. (d) Street No. _____ 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 Susan B. Hill
(a) Residence, No. Sikeston, Mo. 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of husband or (OR) WIFE OF) <u>Widow of Paul Hill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>? ? 1864</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>-</u>
	DAYS <u>-</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salem Co., 2d</u>	
	13. NAME <u>? Sheffield</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salem Co., 2d</u>	
MOTHER	15. MAIDEN NAME <u>Wheeler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>61</u>	
17. INFORMANT (ADDRESS) <u>Mrs. S. Radgen Sikeston Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sikeston, Mo.</u> DATE <u>April 26, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Arthur Ellis Sikeston, Mo.</u>		
20. FILED <u>May 1, 1939</u> <u>Dr. H. Orskull</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1939 to April 25, 1939.
I last saw him alive on April 20, 1939 at 6:30 a.m. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage

Other contributory causes of importance:
Hypertension

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? _____ 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) Dr. H. Orskull, M. D.
(Address) Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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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, or by April 2
....., Registered Apprentice No.....
working under my personal supervision.

Signed Alden Ellis
Licensed Embalmer No. 2569
P. O. Address Wentworth, Va

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.