

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.

Registration District No. 667

Primary Registration District No. 4334

State File No. \_\_\_\_\_

Registrar's No. 41

1. PLACE OF DEATH: Mississippi  
 (a) County Mississippi  
 (b) City or town East Prairie  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 35 years, months or days (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Mississippi  
 (c) City or town East Prairie (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME DAWSON M. HILL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 10 1896  
 (Month) (Day) (Year)

8. AGE: Years 43 Months 5 Day 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Obion Co. Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Thomas M. Hill  
 13. Birthplace Obion Co. Tenn. (City, town, or county) (State or foreign country)  
 14. Maiden name May C. Rankin  
 15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant's town signature Sela Hill  
 (b) Address East Prairie, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof June 30, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation W.P.W.

18. (a) Signature of funeral director Travis M. Shelly  
 (b) Address East Prairie, Mo.

19. (a) July 7-39 (b) Mrs. O. M. Hodges  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th  
 year 1939 hour 4:45 a.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
View Inquest 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Shot through  
left breast, near nipple

Due to suicide

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy View Inquest  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) suicide  
 (b) Date of occurrence June 29th 1939  
 (c) Where did injury occur? This home while in bed  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home East Prairie Mo.  
 While at work? No (Specify type of place) (e) Means of injury shot  
 23. Signature Frank A. Brown (M. D. or other) \_\_\_\_\_  
 Address Charleston Mo. Date signed 6-29-39

RECEIVED

District Health Officer No. 2,

District File Number 239-3

Date Filed 2-11

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.....

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

Signed Travis N. Shelby

Licensed Embalmer No. 2726

P. O. Address East Prarie, Mo

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.