

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

Do not use this space.
Duplicate of 32881
40165

1. PLACE OF DEATH

County Lin Registration District No. 1084
Township Jackson Primary Registration District No. 5.662
City (No.) St. Ward

2. FULL NAME

(a) Residence, No. 46 St. Mora E. Hill Ward. 29
(Usual place of abode)
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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21 1881

7. AGE YEARS 58 MONTHS DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Overton Texas

FATHER
13. NAME Harden Garrett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
15. MAIDEN NAME Patricia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy Mo DATE Sept. 27 1939

19. UNDERTAKER (ADDRESS) Thorne Undertaking Co
Lincoln Mo.

20. FILED Nov. 26 1939 Elija Crookshanks Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 1939 to Sept. 25 1939

I last saw deceased alive on Sept 25 1939 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:

dehydrated Hemorrhage
Sept 19 39
Other contributory causes of importance:
Hypertension
1939

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.R. McAnte M. D.

(Address) Quincy 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.

1239-1705

1938

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