

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.

APR 12 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10478

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 10.4
 (b) Township Fullon Primary Registration District No. 3.0.8 Registered No. 96
 (c) City Fullon (d) Street No. State Hospital no. 1 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

Ina Price Hill
 (a) Residence, No. Callaway County, Missouri St. Callaway County, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Hill
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as 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) Callaway County, Mo

13. NAME Henry Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Ella Hardin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. Cunger Fullon Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Prarie Chapel Ch. Fullon Mo DATE April 2, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. L. Wallace Fullon, Missouri

20. FILED April 1, 1940 G. T. Crewe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1940

22. I HEREBY CERTIFY, That-I attended deceased from March 25, 1940, to March 31, 1940

I last saw him alive on March 31, 1940 Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

General Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Dialy dialysis & hyperloemia

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) Forrest J. Roman M. D.

(Address) State Hospital no. 1 Fullon Mo

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.....

Harold J. Christy

Licensed Embalmer No. *40812*

P. O. Address *Pullman, 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.