

FILED FFB 13 1942

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

Do not use this space.

3806

1. PLACE OF DEATH

County Scott

Registration District No. 821

Township Richland

Primary Registration District No. 4553

City Sikeston

(No. 1)

St. 5

Ward 3

2. FULL NAME Rose Beardine Hill

(a) Residence, No. Sikeston

St. 5

Ward 3

Length of residence in city or town where death occurred

yrs.

mos. 4

ds. 10

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13 - 1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Sikeston, Mo.

13. NAME Oscar Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paulka, Mississippi

15. MAIDEN NAME Virginia Curry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Oscar Hill, Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston, Mo. DATE 1-14 1942

19. UNDERTAKER (ADDRESS) Mattheis Smith, Sikeston, Mo.

20. FILED 1-14 1942 H.B. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12 1942

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1941 to 1-12 1942

I last saw h. ca. alive on 1-12 1942, Death is said to have occurred on the date stated above, at 11 P. m.

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

Encephalitis Lethargica

Date of onset

1-10-42

Other contributory causes of importance:

Influenza 37c 3 weeks

Name of operation none Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide no. Date of injury

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? no.

If so, specify

(Signed) M. J. Anderson M. D.

(Address) Sikeston, Mo.

WRITE 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.

V. S. NO. 2
FORM-10-22-36
MO-1 X9314

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RECEIVED

District Health Office No. 2,

District File Number 2-42-161

Date Filed 2-10-42