

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.

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

Do not use this space.

NOV 14 1934

1. PLACE OF DEATH

County Hannay
Township _____
City Calhoun (No. _____)

Registration District No. 349
Primary Registration District No. 4307

File No. 35838
Registered No. 21
St. _____ Ward _____

2. FULL NAME Mary Hill

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Hill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 22 1858</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>4</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation.
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Virginia</u>		
FATHER	13. NAME <u>Charles Peteringer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Anna Peters</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Virginia</u>	
17. INFORMANT (ADDRESS) <u>Montrose Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Calhoun</u> DATE <u>Oct 18 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Calhoun</u>		
20. FILED <u>Oct 17 1934</u> <u>Mo. A. Q. Gray</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1934 to Oct 16 1934

I last saw him alive on Oct 16 1934 Death is said

to have occurred on the date stated above, at 1 P. M.

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

Chronic Valvular Disease of the heart Date of onset prob

Other contributory causes of importance:

Heart Failure

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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? no

If so, specify _____

(Signed) D. A. Powell M. D.

(Address) Calhoun Mo.

1919. 24