

APR 22 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Moniteau
 Township Patton Fork
 City Pilot Grove (No. _____)

Registration District No. 577Primary Registration District No. 5775File No. 9914Registered No. 3

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

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 FM 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

Daniel Hill6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 6 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Moniteau Co. Mo.

13. NAME Riley B Hines

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

15. MAIDEN NAME Elizabeth Glenn

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

17. INFORMANT David Hill
 (ADDRESS) California Mo #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bapping DATE 3-28 1935

19. UNDERTAKER N. F. Kidwell
 (ADDRESS) Warsaw, Mo.

20. FILED 4-11 1935 J. M. Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1935

22. I HEREBY CERTIFY That I attended deceased from Aug 27 1934 to Aug 27 1934

I last saw her alive on Aug 27 1934. 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:

Paralysis

Date of onset

Other contributory causes of importance

Undernourished

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. M. Robertson, M. D.(Address) Luttwig 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.

Sackham MD June 7th 1935
To the State board of health
I visited Mrs Barbara G. Hill
August 27, 1934 found her
a Chattering maniac gave something
to quiet her left her sleeping quietly
her Daughter called me in a days
and said she was very much
improved that the last I heard of
her until a day or two before
she died and her right side was
completely paralyzed
Hope this will be satisfactory

J. M. Robertson M.D.

Sackham 1935

JUN 4 1935

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Do not use this space.

1. PLACE OF DEATH

County MoniteauRegistration District No. 577

Township

Primary Registration District No. 5775

City

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

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

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)M5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)20. FILED June 7, 1935 - Jm Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from

19____, to

19____

I last saw h. _____ alive on _____, 19____. 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:

Date of onset

Other contributory causes of importance:

Name of operation

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?

If so, specify

(Signed)

, M. D.

(Address)

MAY 23 1935

JUN 4 1935

5-9914

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