

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

Do not use this space.

26127

1. PLACE OF DEATH

County Shannon
Township Winn
City Winn

Registration District No. 823
Primary Registration District No. 4499

File No.
Registered No.
St. (Ward)

2. FULL NAME

Mary Hill

(a) Residence. No. St. Ward.

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

2. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 33 4 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Marshall Co
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT J. A. Arnold
(Address) Winn Mo

15. FILED 7-11-28 Walter Boehm
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 19 28

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to July 11, 1928 that I last saw her alive on July 11, 1928, and that death occurred, on the date stated above, at 10:31 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of stomach
440 (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Cancer of foot (duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Sherman M.D.
June 11, 1928 (Address) Winn Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Winn Cemetary July 11 1928

20. UNDERTAKER ADDRESS

none

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.

THIS IS A PERMANENT RECORD

