

REC'D JUN 23 1938

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

19127

Do not use this space.

## 1. PLACE OF DEATH

(a) County Emisecot Registration District No. 681  
(b) Township Co. Prairie Primary Registration District No. 8862 Registered No. 49  
(c) City Byville Mo (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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

Rubie Mae Hillis 420  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Adult 37 - -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. House work  
10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Willie Muse

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

15. MAIDEN NAME Julia Branch

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

17. INFORMANT Ed Hillis  
(ADDRESS) Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
Mason County DATE 5-15 1938

19. FUNERAL DIRECTOR (NAME) W. M. Hardwick  
(ADDRESS) Byville, Mo.

20. FILED May 24 1938 Ada Martin  
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14 1938

22. I HEREBY CERTIFY, That I attended deceased from MAY 14 1938, to Death 1938

I last saw her alive on May 14 1938 Death is said to have occurred on the date stated above, at 10:30 pm

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

CONCUSSION OF BRAIN  
TRAUMA AT CLAYFIELD

Date of onset

Other contributory causes of importance: None

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? Accident Date of injury May 14 1938

Where did injury occur? CARUTHERSVILLE, Mo. Emisecot  
(Specify city or town, county, and State) City

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury PUBLIC PLACE (HIGHWAY)Nature of injury Automobile CollisionNature of injury TRAUMATIC24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) A. Cair M. D.(Address) Caruthersville, Mo.

HEALTH AND CIVIL RIGHTS DIVISION  
DEPARTMENT OF HEALTH SERVICES  
STATE OF CALIFORNIA

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**