

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.

SEP 23 1938

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

Do not use this space.

29024

1. PLACE OF DEATH

County HANCOCK
Township Fairview
City Deepwater (No. _____)

Registration District No. 351
Primary Registration District No. 5492

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Evelyn Dorst Hill

400

(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 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1938

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

22. I HEREBY CERTIFY, That I attended deceased from July 27 1938 to Aug 3 1938
I last saw her alive on July 20 1938 Death is said to have occurred on the date stated above, at 9:00 m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5th 1861
7. AGE YEARS 71 MONTHS 6 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

Date of onset

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

gastric ulcer
Other contributory causes of importance: 1170

12. BIRTHPLACE (CITY OR TOWN) Hankoe (STATE OR COUNTRY) Illinois

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

MOTHER 13. NAME Hiazia Dorst
14. BIRTHPLACE (CITY OR TOWN) Pennsylvania (STATE OR COUNTRY)

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.

15. MAIDEN NAME Amanda Lambard
16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

Manner of injury _____
Nature of injury _____

17. INFORMANT M.F. Hill (ADDRESS) Deepwater Missouri

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. R. ... M. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City Mo DATE August 5 1938

19. UNDERTAKER Tom H. ... (ADDRESS) Deepwater Missouri

20. FILED 10 19 38 Registrar. 315

(Address) Appleton City, Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-38-59

Date Filed 9-14-38