

REC'D FEB 25 1939

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

3322

Do not use this space.

## 1. PLACE OF DEATH

(a) County MO. DAWAY Registration District No. 6285  
 (b) Township 1 Primary Registration District No. 3031 Registered No. 12  
 (c) City MARYVILLE (d) Street No. ST FRANCIS HOSPITAL St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

HOW ZENITH BELLE HILL  
 (a) Residence, No. GRAHAM MO 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

3. SEX FEMALE 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 LAWRENCE E. HILL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-1-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49 4 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE  
 9. Industry or business in which work was done, as 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) CASSVILLE  
 (STATE OR COUNTRY) MO

FATHER 13. NAME J. C. BARRETT  
 14. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
 (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME SARAH REEVES  
 16. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
 (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS CHAS. W. NICHOLS  
 (ADDRESS) QUITMAN MO

18. BURIAL, CREMATION, OR REMOVAL CEN.  
 PLACE GRAHAM MO 100E DATE Jan-30, 1939

19. FUNERAL DIRECTOR J. FRED TERBUNE  
 (ADDRESS) SALAMANAH MO

20. FILED Jan 30, 1939 Memor E. Clardy  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1939, to \_\_\_\_\_, 19\_\_\_\_.

I last saw her... alive on Jan 28, 1939 Death is said to have occurred on the date stated above, at 8 AM

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

Myelogenous Leukemia  
Streptococcal  
Infection of Gums  
 Date of onset

Other contributory causes of importance: 72 N

Name of operation Clinical Date of \_\_\_\_\_  
 What test confirmed diagnosis? Examination 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 CR  
 Nature of injury 70

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) Chas. T. Beale, M.D.  
 (Address) Maryville, Mo.  
551

N.B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turkman, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Fred Turkman

Licensed Embalmer No. 1279

**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.)**