

FEB 21 1929

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

Do not use this space.

808

1. PLACE OF DEATH

County Cooper
Township Cooper
City Boardsville (No. St. Ward)

Registration District No. 225
Primary Registration District No. 5206

File No.
Registered No. 5

2. FULL NAME Mildred Augusta Hill

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7 mo, 19-1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
7 5 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticem County

10. NAME OF FATHER Henry Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Monticem County

12. MAIDEN NAME OF MOTHER Annette Collins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Monticem

14. INFORMANT Mrs Jennie Covert
(Address) Boardsville Mo.

15. FILED 226, 19.29 W.E. Neep REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 22, 1929 that I last saw h. sh alive on Jan 22, 1929, and that death occurred, on the date stated above, at 9.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia - Bacterial
11 P
107 B
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DISEASE OPERATED BEFORE DEATH DATE OF
WAS THERE AN AUTOPSY
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) D. W. ... M. D.
, 19 (Address) Boardsville 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 Public Creek DATE OF BURIAL 1-10-1929

20. UNDERTAKER L. D. Hardin ADDRESS J. E. Hill

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.

