AUG 16 1927

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

Do not use this space.

21009

1. PLACE OF DEATH
County: Cole — Registration District No. 213- — File No.
Township: — Primary Registration District No. 3014- — Registered No. 194-
City: Jefferson (No. ..... St. ..... Ward)

2. FULL NAME: Margaret Hope
(a) Residence. No. 317 Cherry St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Geo. Hope Sr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-10-1843

7. AGE: Years 84 — Months — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Edinburgh
(STATE OR COUNTRY): Scotland

PARENTS
10. NAME OF FATHER: Jno. Pillons
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Scotland

14. INFORMANT: Geo. Hope Jr.
(Address): J.C. Mo

15. FILED 7/27 1927 A. V. Bedford, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to July 25, 1927, that I last saw her alive on June 25, 1927, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
824 Cerebral hemorrhage
102 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis
Hypertension (duration) yrs. 18 mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M R Fedrick, M. D
July 26 1927 (Address) July M R Fedrick

*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: Riverview Cem. J.C.
DATE OF BURIAL: 7-27 1927

20. UNDERTAKER: Chas. P. Heinrichs
ADDRESS: J.C. Mo.

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.