

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

Do not use this space.

1928

1. PLACE OF DEATH

County Butler
Township Madhill
City Bradley (No.)

Registration District No. 925
Primary Registration District No. 51340

File No. 29678-1
Registered No. 19
St. Ward

2. FULL NAME

Lilla Hill
(a) Residence, No. 3 1/2 mile N. E. Bradley Ward.

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 58 yrs

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>38</u>	<u>1</u>	<u>19</u>	<u>—</u>

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(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) Moulton Mo

10. NAME OF FATHER Albert Muelles

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Margaret Bevington

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

14. INFORMANT Larkie Muelles
(Address) Bradley

15. FILED 10/5/27 V. L. Heathouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4th 1927

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., (that I last saw him alive on 19....., and that death occurred, on the date stated above, of Oct 4, 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Had no Dr
95 B
1330
205 B

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [Signature], M. D.
, 19 (Address)

*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 Moul Hill DATE OF BURIAL 9/5th 1927

20. UNDERTAKER A. W. Green P. B. M. D.

N. E.—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.

Please give date of
birth at number 6

Also state cause
death fully and
clearly.

Thanks,

RECEIVED
TO THE
OFFICE OF THE
SHERIFF
COUNTY OF
SANTA BARBARA
CALIFORNIA
JAN 10 1901

Ms. Hill, Brother Dent
know the date of birth
month & day
but say I- was in
the yr 1889

N. L. G.

S-29678-1

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

24618-1
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Butler Registration District No. 925- File No. 19
Township Ash Hill Primary Registration District No. 3-134 c Registered No. 19
City (No.) St. Ward

2. FULL NAME

Lilla 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 1 19

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Jasper Hill
(Address) Brookley MO

15. FILED 10/5 1927 Vincent J. Brennan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1927

17. I HEREBY CERTIFY That I attended deceased from 19.....
that I last saw h..... alive on 19..... and that death occurred, on the date stated above, m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Mrs Hill had a Chronic cough for yrs. also trouble with heart + kidneys 5 or 6 months before death. She had drops of kidneys +
CONCASSATORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAILED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) V. P. Breckner, M. D.

Oct 4, 1927 (Address) Brookley 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 DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. A-FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. B-E CAUSE REGISTER

SUPPLEMENTARY

S-29678-1

Admiral

U.S.