

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Brookings Primary Registration District No. 1002
 City Eastwood Hills (No. Eastwood Hills) St. _____ Ward _____

2. FULL NAME

Ellen Stewart Hills

(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 5 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 Widow
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17 - 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
89 8 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Maine
 (STATE OR COUNTRY)

10. NAME OF FATHER Alonzo Stewart

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

12. MAIDEN NAME OF MOTHER Isabelle Ireland

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

14. INFORMANT John N. Hills
 (Address) Eastwood Hills

15. FILED 4/28 1929 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1929 to Apr. 27, 1929
 that I last saw her alive on Apr. 27, 1929, and that death occurred, on the date stated above, at 11:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93c
 (duration) 3 yrs. 3 mos. - ds.

CONTRIBUTORY Arterial sclerosis
 (SECONDARY) (duration) 3 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED? 0
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical symptoms
 (Signed) W. Butler, M. D.

4/28, 1929 (Address) 3700 Benton Blvd

*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 Cincinnati Ohio DATE OF BURIAL April 29 1929

20. UNDERTAKER D. W. Newcomer Sons ADDRESS 2111 E 9th

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Jackson Registration District No. 40 3 File No. 1977
 Township Brookings Primary Registration District No. 5554 Registered No. 20
 City Kansas City, Mo. Eastwood Hills P.F.D. St. (If nonresident, give city or town and State) Ward

2. FULL NAME Ellen Stewart Hills
 (a) Residence. No. _____ St., _____ Ward. _____
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17 - 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 8 11

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1929

I HEREBY CERTIFY that I attended deceased from Feb. 3 to Apr 27 1929 that I last saw h. or ally on Apr 27 1929, and that death occurred, on the date stated above, at 11.00 a .m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
 _____ (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Arterial Sclerosis
 _____ (duration) 3 yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

10. NAME OF FATHER Alonzo Stewart

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

12. MAIDEN NAME OF MOTHER Josephine Ireland

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
4 (Signed) Dr. Butler, M. D.
28, 1929 (Address) 3700 Benton Blvd

*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.

14. INFORMANT Irving H. Hills
 (Address) Eastwood Hills

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Cincinnati Ohio April 29 1929

20. UNDERTAKER ADDRESS
D. W. Newcomers Sons T. C. Mo
Newcomers

FILED 7/10, 1929 W. W. Hobbs
 REGISTRAR

REGISTRARS SHALL NOT BE HELD RESPONSIBLE FOR INCOMPLETE OR ILLEGIBLE CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-15020