

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

Do not use this space.  
18027  
2068

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Clay Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 City Kansas City, Mo. No. 3012 East 32nd St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Barbara Hillen  
 (a) Residence. No. 3012 East 32nd St., 17 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>		4. COLOR OR RACE <u>wh</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 9, 1851</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
	<u>77</u>	<u>5</u>	<u>23</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>none</u>					
(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) <u>Germany</u>					
PARENTS	10. NAME OF FATHER <u>Mr. Alf Hillen</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1929

17. I HEREBY CERTIFY That I attended deceased from May 1, 1929, to May 2, 1929 that I last saw him alive on May 2, 1929, and that death occurred, on the date stated above, at 1-01 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
acute Cardiac Dilatation  
93C  
75B  
Myocardial Chronic  
 CONTRIBUTORY (SECONDARY) (duration) 10 yrs. mos. ds.

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?  
 (Signed) C. H. Crumick M.D.  
 s/v, 1929 (Address) 2602 East 16. 10th

\*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 <u>Marshall Woodlark, Mo.</u>	DATE OF BURIAL <u>May 3 1929</u>
20. UNDERTAKER <u>J. H. Newcome &amp; Sons K.C. Mo.</u>	ADDRESS

14. INFORMANT Mrs. W. P. Coward  
 (Address) 3012 East 32nd

15. FILED 5/3, 1929 M. M. Crowe  
 asst. REGISTRAR

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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2610 300, 15th  
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