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

Do not use this space.

36414

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 1337

City St. Joseph, Mo. (No. 3215 Penn St. Ward)

2. FULL NAME Elizabeth Louise Hill

(a) Residence. No. 3215 Penn 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert F. Hill

6. DATE OF BIRTH (MONTH, DAY AND YEAR): February 20, 1858

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
71	8	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home

(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): Elkorne Nebraska

PARENTS

10. NAME OF FATHER: Fred Wm Curtis

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

12. MAIDEN NAME OF MOTHER: Mary Lingo

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

14. INFORMANT: Mrs Ruth Fairbanks
(Address) St Joseph Mo

15. FILED: Nov 20 1929 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 19, 1929

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Nov 19, 1929, that I last saw her alive on Nov 19, 1929, and that death occurred, on the date stated above, at 11:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

93C

1389

[illegible] (duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis

Par. Nephr. Hyperten. (duration) ? 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? Clinical

(Signed) Frank Hartigan, M. D.

Nov 20, 1929 (Address) Kinnapatrick Bldg

*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: Mt. Auburn

DATE OF BURIAL: Nov. 22 1929

20. UNDERTAKER: Fleeman Funeral Home

ADDRESS: 1946 Calhoun