

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

Do not use this space.

37620

1. PLACE OF DEATH

County Johnson, Registration District No. 431
 Township Warrensburg, Primary Registration District No. 3023
 City Warrensburg, (No.) St. (Ward)

File No.
 Registered No.

2. FULL NAME Nellie W Hillhouse

(a) Residence. No. 139 Grover St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 40 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr, 14, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 7 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Teacher 210W
 (b) General nature of industry, business, or establishment in which employed (or employer) 1030
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Nathaniel Hilhouse

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

12. MAIDEN NAME OF MOTHER Elizabeth Robinson

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

14. INFORMANT Hattie Hilhouse
 (Address) Warrensburg

15. FILED Nov 19, 1929 Wm Patterson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1929, to Nov 16, 1929 that I last saw her alive on Nov 15, 1929, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Automobile accident on highway 50 12
Mich. West of Warrensburg, Mo. Cause -
bullet in center of skull with hemorrhage
from eye + forest (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 20th

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clonus

(Signed) L J Schufeldt, M. D.

Nov 15 1929 (Address) Warrensburg Mo

*State the DISEASE CAUSING DEATH, or in deaths from VICIOUS CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Hill Cem DATE OF BURIAL Nov. 18 1929

20. UNDERTAKER S. R. Sweeney, Warrensburg ADDRESS

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.

22

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