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

Do not use this space.

5075

1. PLACE OF DEATH

County: Jackson — Registration District No.: 39

Township: Kaw — Primary Registration District No.: 7

City: Kansas City (No. St. Joseph's Hospital St. Ward)

File No.:

Registered No.: 132

2. FULL NAME Elizabeth Alberta Hill

(a) Residence. No. 3700 East 63rd St. St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jany. 27, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Montreal
(STATE OR COUNTRY) Canada

PARENTS
10. NAME OF FATHER Wm. Macauley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) London
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Elizabeth Priscill Mill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) London
(STATE OR COUNTRY) England

14. INFORMANT Wm. R. Hill
(Address) 3700 East 63rd St.

15. FILED 2/17, 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 16, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1929 to Feb. 16, 1930 that I last saw h. alive on Feb. 16, 1930, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary thrombosis
59
31
111A (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Diabetes - Nephritis Chronic (duration) 20 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible] M.D.
Sa 2/17, 1930 (Address) 734 Argyle 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~~ Forest Hill — DATE OF BURIAL 2-18 1930

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Blvd.

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.

734 Argyle
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