

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

Do not use this space.

24373

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **91691**, **Garrison Ave**) St. .... Ward)

File No.....  
Registered No. **6509**

**2. FULL NAME** **Worthy Hill**

(a) Residence. No. **916 N. Garrison Ave** St. **21** 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 <b>Female</b>	4. COLOR OR RACE <b>Col</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Sept. 25, 1927</b>		
7. AGE YEARS <b>2</b>	MONTHS <b>9</b>	DAYS <b>9</b>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <b>Inf.</b> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN)..... **Mo.**  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <b>Weniss Hill</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <b>Miss.</b> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <b>Rose Elvira</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <b>Ark.</b> (STATE OR COUNTRY)

14. INFORMANT **Weniss Hill**  
(Address) **916 N. Garrison Ave.**

15. FILED **1930** **May 21 1930**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **7/24** 19**30**

17. HEREBY CERTIFY, That I attended deceased from **May 10**, 19**30**, to **July 24**, 19**30** that I last saw him alive on **July 27**, 19**30**, and that death occurred, on the date stated above, at **7:00** a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Subacute Peritonitis**  
**23A**  
**25**  
(duration) — yrs. **6** mos. .... ds.  
CONTRIBUTORY (SECONDARY) **Pulmonary Tuberculosis**  
(duration) — yrs. **1** 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 **Chinical**  
(Signed) **Wm. A. Mansieff**, M. D.  
, 19 (Address) **4063 W. Belle**

\*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 **Greenwood Cem.** DATE OF BURIAL **7/7** 19**30**

20. UNDERTAKER **R. M. C. Green** ADDRESS **3517 facade ave**

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.

