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

Do not use this space.

7641

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1005
City St Louis Mo (No.) City Hospital #2 St. ..... Ward)
File No. .....
Registered No. 2002

2. FULL NAME Tola Hill
(a) Residence. No. 1122 N. 16th St., 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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)
F	C	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4 — 20 — 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	9	22	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) ARKANSAS

PARENTS

10. NAME OF FATHER Robert Darrel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) UNKNOWN
12. MAIDEN NAME OF MOTHER Lu. Kizzy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) UNKNOWN

14. INFORMANT A. Gertrude Creath
(Address) City Hospital #2

15. FILED 15 1931 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 — 12 — 1931

17. I HEREBY CERTIFY, That I attended deceased from 1 — 25 —, 1931, to 2 — 12 —, 1931, that I last saw h.r. alive on 2 — 12 —, 1931, and that death occurred, on the date stated above, at 5:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

PULMONARY TUBERCULOSIS

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) UNKNOWN

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 23
IF NOT AT PLACE OF DEATH ..... UNKNOWN
DID AN OPERATION PRECEDE DEATH? NO DATE OF .....
WAS THERE AN AUTOPSY? YES.
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy- Clinical-X-R
(Signed) Henry C Hampton M. D.
2-12-, 1931 (Address) City Hospital #2

*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	DATE OF BURIAL
Father Dickson	2-18 1931
20. UNDERTAKER	ADDRESS
A.F. Walton	2701 Stoddard

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.