

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

Do not use this space.

30582

**1. PLACE OF DEATH**

County Bushanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. 319 So. 21st)

File No. \_\_\_\_\_  
Registered No. 945  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bettie Ann Hill  
(a) Residence. No. 319 So. 21st St., \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>negro.</u>	5. SINGLE/MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single.</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 30-1931</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>4</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) none  
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo.  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Myrtle Hill</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Council Bluffs, Iowa</u> (STATE OR COUNTRY)

14. INFORMANT Leola Ardell  
(Address) 319 S. 21st.

15. FILED 9/13/31 John R. Bender REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 12<sup>th</sup> 1931  
17. I HEREBY CERTIFY, That I attended deceased from 9/11/31 1:15 p.m. to 9/12/31 19\_\_\_\_  
that I last saw her alive on 9/12/31 and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

108  
95H  
Sept. Pneumonia from  
9/10/31 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) acute dilatation of heart  
(duration) yrs. mos. ds.

\*18. WHERE WAS DISEASE CONTRACTED 319 S. 21st.  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS St. Joseph  
(Signed) \_\_\_\_\_, M. D.

19. Address 207 1/2 W. Missouri

\*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 City Cemetery DATE OF BURIAL Sept 13 1931

20. UNDERTAKER Raussey Funeral Service ADDRESS 9th & Olive

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.

OCT 28 1931

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

