

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

Do not use this space.

4502

1. PLACE OF DEATH

41 County Linn
Township Madison
City..... (No..... St..... Ward)

Registration District No. 391
Primary Registration District No. 5546a

File No.....
Registered No. 7

2. FULL NAME Luella Hillier

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

Length of residence in city or town where death occurred 0 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29, 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 2 6 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Penna. Beaver Co

PARENTS

10. NAME OF FATHER R. G. Otto

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

12. MAIDEN NAME OF MOTHER Mary Arnold

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

14.

INFORMANT Millford Rizzo
(Address) Fronton, Mo.

15.

FILED 2-5-32 R. A. Rasche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1932

17. I HEREBY CERTIFY, That I attended deceased from July 4 1932 to July 4 1932 that I last saw her alive on July 4 1932 and that death occurred, on the date stated above, at 2 o'clock a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Angina Pectoris
(Neuralgia of the Heart)

(duration) yrs. mos. ds.
CONTRIBUTORY Advanced Age
(SECONDARY) (duration) yrs. 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?

(Signed) Edward L. G. Parshouse, M. D.

2-5, 1932 (Address) Fronton Mo

*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

Baptist House

2 5 1932

20. UNDERTAKER

ADDRESS

S. E. Bond

Fronton Mo

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.

MAR 23 1932

WRITE PLAINLY, WITH UNFADING INK.

