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.

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

Do not use this space.

41319

1. PLACE OF DEATH
County St Francois — Registration District No. 773 — File No.
Township " " — Primary Registration District No. 4464 — Registered No. 131
City Farmington (No. ..... St. ..... Ward)

2. FULL NAME Ella C. Hilliker

(a) Residence, No. ..... 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 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 Albert C. Hilliker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29, 1890

7. AGE — YEARS 42 — MONTHS 8 — DAYS 5 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockholm Sweden 24

FATHER
13. NAME Carl Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockholm Sweden

MOTHER
15. MAIDEN NAME Esther Carlson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockholm Sweden

17. INFORMANT (ADDRESS) A. C. Hilliker 81 So Washington, Farmington

18. BURIAL, CREMATION, OR REMOVAL
PLACE R of P DATE 12/5 1932

19. UNDERTAKER (ADDRESS) Neidert Mud Co Farmington, Mo.

20. FILED Dec 5 1932 B. J. Robinson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1932 to Dec 3, 1932
I last saw her alive on not alive, 1932 Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Died of Pulmonary Hemorrhage within 5 minutes - was dead in chair when seen. | |
| Other contributory causes of importance: | |
| Pulmonary Tuberculosis From History | 1927 |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Geo. L. Wallace, M. D.
(Address) Farmington Mo.