

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **3528**, **Papin St.**..... St. .... Ward)

**11765**  
File No. ....  
Registered No. **2846**

**2. FULL NAME** Mary Hill

(a) Residence, No. 3528 Papin St. St. 18 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>Colored</b>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Unknown 1865</b>					
7. AGE YEARS <b>Month 68</b>		MONTHS <b>✓</b>		DAYS <b>✓</b>	
IF LESS than 1 day, ..... hrs. or ..... min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housekeeper</b>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) <b>unk</b>		11. Total time (years) spent in this occupation <b>unk</b>		
12. BIRTHPLACE (CITY OR TOWN) <b>Nashville</b> (STATE OR COUNTRY) <b>Tennessee</b>					
MOTHER	13. NAME <b>Unknown</b>				
	14. BIRTHPLACE (CITY OR TOWN) <b>Unknown</b> (STATE OR COUNTRY) <b>II</b>				
	15. MAIDEN NAME <b>Unknown</b>				
16. BIRTHPLACE (CITY OR TOWN) <b>Unknown</b> (STATE OR COUNTRY) <b>II</b>					
17. INFORMANT <b>Anna Armstrong</b> (ADDRESS) <b>403528 Papin St.</b>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Greenwood</b> DATE <b>3/28</b> <b>33</b>					
19. UNDERTAKER <b>Gates</b> (ADDRESS) <b>4107 Binney Ave.</b>					
20. FILED <b>MAR 27 1933</b> <b>Wm C. Anderson</b> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

1. **DATE OF DEATH (MONTH, DAY, AND YEAR)** **March 25th, 1933**

22. **THE PHYSICIAN** **attending** **HEREBY CERTIFY**, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw her alive on ..... 19**33**. Death is said to have occurred on the date stated above, at **2:30** m. p.m.  
The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis**  
**930**  
Date of onset

Other contributory causes of importance:

4. 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) **Harold P. DeWitt** **12**  
(Address) **Deputy Foreman**  
**3/27/33**

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.

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

