

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

Do not use this space.

3530

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 1170  
 7 Township St. Charles Primary Registration District No. 6248H  
 1 City St. Louis (No. 8108, Dale ave.) Date Jan 10 1934  
 2. FULL NAME: Martha Hill  
 (a) Residence, No. 8108 Dale ave 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.

File No. \_\_\_\_\_  
 Registered No. 10  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 1854  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 4 18  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn.  
 MOTHER 13. NAME Williams Goff  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.  
 15. MAIDEN NAME Mary Cook  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.  
 17. INFORMANT Violet Walker  
 (ADDRESS) 8108 Dale ave  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Jan 22 1934  
 19. UNDERTAKER Manuel Undertaking Co.  
 (ADDRESS) St. Louis 261 4058 Pine  
 20. FILED 1/20 19 34 Gertrude Porter  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-1934  
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1934, to \_\_\_\_\_, 19\_\_\_\_.  
 Last saw her alive on Jan. 10, 1934. Death is said to have occurred on the date stated above, at 12 P.m.  
 The principal cause of death and related causes of importance were as follows:  
myocarditis  
 Date of onset Jan 10  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? autopsy Was there an autopsy? Yes  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. P. Ryburn, M. D.  
 (Address) St. Louis, 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.

Ms. Potter

1211 - Sunset.