

MAR 24 1934

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

Do not use this space.

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18

## 1. PLACE OF DEATH

County Lafayette  
Township Washington  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 461  
Primary Registration District No. 5625

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

## 2. FULL NAME

Jan Ella Hillock

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 31 1886</u>		
7. AGE	YEARS	MONTHS
	<u>47</u>	<u>10</u>
		DAYS
		<u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>		
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) <u>Lafayette Mo</u>		
13. NAME <u>James H. Hillock</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Ella A. Hage</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lafayette Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Genevieve Hillock</u> <u>Washington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highway Mo</u> DATE <u>Feb 17</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Robert Berger Mo</u> <u>Lafayette Mo</u>		
20. FILED <u>Feb 16</u> 19 <u>34</u> <u>Hayden Bruce Bates</u> Registrar		

## 1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1934

HEREBY CERTIFY, That I attended deceased from Feb 15 1934 to Feb 16 1934

I last saw her alive on Feb 15 1934 Death is saidto have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

asphyxy  
S2A  
82  
121

Other contributory causes of importance \_\_\_\_\_

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 \_\_\_\_\_, 1934

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) A. J. Chalkey, M. D.(Address) Lafayette Mo

[The main body of the document is extremely faint and illegible, appearing to be a form with multiple sections and fields for data entry.]

1911

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Wagayette  
Township Washington  
City Washington

Registration District No. 461  
Primary Registration District No. 5625

File No. 18  
Registered No. 18  
St.                      Ward                     

**2. FULL NAME**

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

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.                     

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.                       
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)                     

13. NAME                     

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                     

15. MAIDEN NAME                     

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                     

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE                      19

19. UNDERTAKER (ADDRESS)                     

20. FILED May 15 1934 Faye Bruce Bates Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1934

22. I HEREBY CERTIFY, That I attended deceased from                      to                     , 19                    

I last saw h.                      alive on                     , 19                    . Death is said to have occurred on the date stated above, at                      m.

The principal cause of death and related causes of importance were as follows:                     

Date of onset                     

Other contributory causes of importance:                       
                      
                    

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)                     , M. D.  
(Address)                     

**SUPPLEMENTARY**

N.B.—Every item of information 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-5533