DEC 13 1934

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

Do not use this space.

38895

26 3 8

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No.

Township — Primary Registration District No. 3014 — Registered No. 302

City Jefferson City (No. 520, East High St St. Ward)

2. FULL NAME Mrs. Mellie Allen Hill

(a) Residence, No. 520 E. High 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
79	8	25	

OCCUPATION

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

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) Barnett, Mo.

FATHER

13. NAME James Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

MOTHER

15. MAIDEN NAME Lucindia Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Missouri

17. INFORMANT (ADDRESS) A. A. Hill Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview Ce m. DATE Nov. 8 1934

19. UNDERTAKER (ADDRESS) Heinrichs Funeral Home Je fferson City, Missouri

20. FILED Nov. 8 1934 Sv Bedford M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 34, 19

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933, to Nov 6, 1934

I last saw her alive on Nov 6, 1934. Death is said to have occurred on the date stated above, at 1 P m.

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

	Date of onset
Diabetes Mellitus	1933
57	

Other contributory causes of importance:

Name of operation Ngo Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) H. J. Taylor M. D.

(Address) Jefferson City 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.