

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

Do not use this space.

DEC 21 1934

1. PLACE OF DEATH

County St Louis
Township Barnhart
City Kirkwood

Registration District No. 785
Primary Registration District No. 303
(No. 7 Pittman Place)

File No. 40561
Registered No. 237
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7 Pittman Pl Kirkwood 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 7 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 13

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) Ark

13. NAME Daniel Jefferies

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

15. MAIDEN NAME Martha Stanley

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

17. INFORMANT D. G. Hill (ADDRESS) 7 Pittman Place

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mulberry, Ark DATE 11/12/34

19. UNDERTAKER Louis H. Bopp (ADDRESS) Kirkwood, Mo.

20. FILED Nov. 17 1934 Agnes C. Kelly Dept Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10-1934

22. I HEREBY CERTIFY, That I attended deceased from 11/5, 1934, to 11/10, 1934
I last saw h. or alive on 11/9, 1934. Death is said to have occurred on the date stated above, at 7:45 pm.

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

Cerebral hemorrhage Date of onset 10/10/34

Other contributory causes of importance:

Hypertension Chronic myocarditis 99.30
1930

Name of operation none Date of _____

What test confirmed diagnosis physical Was there an autopsy? no

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) D. G. Hill, M. D.
(Address) Kirkwood, 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.

WHILE EXAMINING THIS IS A PERMANENT RECORD

