JAN 23 1935

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

Do not use this space.

V

44282

1. PLACE OF DEATH
County St. Louis
Township Bonhomme
City Manchester (No. Manchester Nursing Home St. Ward)

Registration District No. 785
Primary Registration District No. 6031

File No.
Registered No. 265

2. FULL NAME Nancy Hill
(a) Residence, No. Glencoe Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 4 mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20-1856

7. AGE Years 78 Months 6 Days 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown Grigsby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Tom McDaniel
(ADDRESS) Glencoe Mo.

18. BURIAL, CREMATION, OR REMOVAL Bethel cemetery
PLACE Pond Mo. DATE Dec 19 1934

19. UNDERTAKER Schrader Und. Co.
(ADDRESS) Ballwin Mo.

20. FILED 12/19 1934 Agnes C. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to December 17, 1934
I last saw her alive on Dec. 17th, 1934. Death is said to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 11th
Other contributory causes of importance:	
Hemiplegia	1933

Name of operation — 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? 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) B. R. Loving, M. D.
(Address) Ballwin Mo.

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1. PLACE OF DEATH

County St. Louis Registration District No. 785 File No.

Township Primary Registration District No. 6031 Registered No. 265

City (No. Manchester Nursing Home St. Ward)

2. FULL NAME Nancy Hill

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

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.
	78	6	27	

OCCUPATION

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)

FATHER

13. NAME

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

MOTHER

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 5/27 1935 Agnes C Kelly Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1934

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

I last saw h.....m 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
24. Bronchopneumonia	

Other contributory causes of importance:

Hemiplegia — cause cerebral hemorrhage

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) .....

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