SEP 2 5 1935

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

Do not use this space.

27548

1. PLACE OF DEATH
County St Louis — Registration District No. 790
Township — Primary Registration District No. 6933
City Clayton Mo. (No. St Louis County Hospital St.) — Ward) — File No. — Registered No. 244

2. FULL NAME Georgia Hill

(a) Residence, No. Telegraph Rd. St., Ward. Jefferson Blks Mo.
(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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	44	7	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) Georgia

FATHER

13. NAME Jeff Keller

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

MOTHER

15. MAIDEN NAME Louise Watkins

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

17. INFORMANT (ADDRESS) Roy Hill Jefferson Blks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Sept 2 19 35

19. UNDERTAKER (ADDRESS) C. A. Hoffmeister U. & L. Co. 7814 So. Broadway.

20. FILED 8/30 1935 Dr. A. J. Esquerdo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 19 35

22. I HEREBY CERTIFY, That I attended deceased from 8/26, 1935, to 8/30, 1935

I last saw her alive on 8/30/35 7:15 a.m., 19..... Death is said to have occurred on the date stated above, at 7:45 p.m.

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

	Date of onset
Carcinoma, primary in the cervix, ma-bladder & generalized in the pelvis.	

Other contributory causes of importance

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? .....

If so, specify .....

(Signed) R. D. Schulenburg, M. D.

(Address) St Louis Co Hosp.

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.