WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Lic # 4.60

JAN 13 1936

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

Do not use this space.

41830

Registration District No. 1003 791

Primary Registration District No.

File No. 11079

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. CITY HOSPITAL NO. 2 St. Ward)

2. FULL NAME Allie Hill

(a) Residence, No. 1116 N. Jefferson St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-25-1884

7. AGE: Years 51 | Months 3 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

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): Ala.

FATHER

13. NAME: Flem Butler

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

MOTHER

15. MAIDEN NAME: Mary ?

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

17. INFORMANT: Esther Mayo Sherard
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson Cem DATE 12-31 1935

19. UNDERTAKER: Ellis Funeral Home
(ADDRESS) 2820 Goodland St.

20. FILED DEC 30 1935, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-23-, 1935, to 12-25-, 1935

I last saw her alive on 12-25-, 1935. Death is said to have occurred on the date stated above, at 4:00 A. M.

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

	Date of onset
HYPERTENSIVE HEART DISEASE	12-23-1935
Other contributory causes of importance: CORONARY DISEASE	12-23-1935

Name of operation Date of

What test confirmed diagnosis? Clinical 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) J. Owen Blache, M. D.

(Address) 2945 Lawton Ave.