

N. B.—Every item of information should be carefully supplied. AGE should be stated FULLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

FEB 24 1936

2718

## 1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773Township St. FrancoisPrimary Registration District No. 6018ANear Farmington, Mo.

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. 42. FULL NAME Frank Hillermann(a) Residence, No. St. Louis, 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Lula Combs

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 3, 1865

## 7. AGE

YEARS 70MONTHS 9DAYS 10

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

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

Landscape Man

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)

Ind.

## FATHER MOTHER

## 13. NAME

James Hillermann

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

Ind.

## 15. MAIDEN NAME

Lear Ann Nubey

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

Unknown

## 17. INFORMANT (ADDRESS)

Hospital Records  
Farmington, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Ever Frank Charles DATE Jan 15, 1936

## 19. UNDERTAKER (ADDRESS)

Parsons and Co  
Webster Grove Mo.

## 20. FILED

Jan 13, 1936 T. J. Robinson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 193622. I HEREBY CERTIFY, That I attended deceased from May 26, 1930, to Jan 13, 1936I last saw him alive on Jan 13, 1936 Death is said to have occurred on the date stated above, at 5:40 a.m.

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

Broncho PneumoniaDate of onset  
1-5-36

Other contributory causes of importance:

Generalized arteriosclerosis  
and Gravel

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? Chemical 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) P. S. Jan \_\_\_\_\_ M. D.(Address) Hosp. # 2 Farmington Mo.

