

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.

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

Do not use this space.

MAY 7 1936

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003** File No. **17259**  
 City *St. Louis* (No. *Deaconess Hospital*) Registered No. **4023**  
 St. .... Ward)

**2. FULL NAME**

*Flora C. Hill*  
 (a) Residence, No. *3829 Shaw Ave.* St. *17* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Ralph T. Hill</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 25th 1880</i>		
7. AGE YEARS <i>55</i>	MONTHS <i>6</i>	DAYS <i>14</i>
IF LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
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) <i>Pendleton Mo</i>		
13. NAME <i>Thomas K Chiles</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Morgan County Indiana</i>		
15. MAIDEN NAME <i>Elizabeth J. McIntyre</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>County Antrim Ireland</i>		
17. INFORMANT (ADDRESS) <i>Ralph T. Hill 3829 Shaw Ave.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bellefontaine</i> DATE <i>April 13 1936</i>		
19. UNDERTAKER (ADDRESS) <i>Wagoner Fun. Co. 362 Olive St.</i>		
20. FILED <i>APR 13 1936 J. Bredeck Registrar.</i>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/9 1936*

22. I HEREBY CERTIFY, That I attended deceased from *3/13*, 1936, to *4/10*, 1936  
 I last saw h. *alive* on *4/9*, 1936. Death is said to have occurred on the date stated above, at *5 a.* m.  
 The principal cause of death and related causes of importance were as follows:  
*Chc. cholecystitis*  
*cholelithiasis*  
*Chc. appendicitis*  
 Date of onset *24*

Other contributory causes of importance:  
*Post-op wound infection*  
*Nycturia condition*  
*Bilateral bronchopneumonia secondary*  
 Name of operation *cholecystectomy* Date of *3/19/36*  
 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 *no*  
 (Signed) *Willard Bartlett* M. D.  
 (Address) *per Willard Bartlett Jr. 410 Bellevue Hotel Bldg.*

