

AUG 15 1936

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

Do not use this space.

25591

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. Missouri Methodist Hospital)

File No. _____
Registered No. 951
St. _____ Ward _____

2. FULL NAME

Nona M. Hillyard

(a) Residence, No. 706 So. 13th St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Newton S. Hillyard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 20, 1872

7. AGE YEARS 63 MONTHS 11 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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) Mt. Ayr, Iowa.13. NAME Robert T. Cole14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albia, Iowa.15. MAIDEN NAME Susan McKissick16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albia, Iowa.17. INFORMANT (ADDRESS) Robert B. Hillyard St. Joseph, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE July, 20, 193619. UNDERTAKER (ADDRESS) Walter Macieja Hollee 1302 Farson St., St. Joseph, Mo.20. FILED 7-70 19 36 H. J. Neill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 17, 1936, 1922. I HEREBY CERTIFY That I attended deceased from May 24, 1936 to July 17, 1936

I last saw her alive on July 17, 1936. Death is said to have occurred on the date stated above, at 11.45 A.M.

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

Pneumonia hepatic
Bilateral

Date of onset

Other contributory causes of importance:

Cholelithiasis with stones
Cholecystitis

Name of operation cholecystectomy Date of June 3-26
What test confirmed diagnosis? path Was there an autopsy? yes

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) W. J. Neill, M. D.
(Address) 301 No. 8th St., St. Joseph, Mo.

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.

