MAR 25 1937

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

Do not use this space.

File No. 7890
Registered No. 4

1. PLACE OF DEATH
County: St. Clair
Township: Butler
City: (No. , St. , Ward)
Registration District No. 763
Primary Registration District No. 6005

2. FULL NAME Nettie Irene Hillegas

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 — Chas. E. Hillegas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12. 1872

7. AGE: Years 64 | Months 3 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Brownington Henry Co Missouri

FATHER
13. NAME Daniel Gonser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Given Home Co Ohio

MOTHER
15. MAIDEN NAME Not Given
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Given Stark Co Ohio

17. INFORMANT Harley G. Hillegas
(ADDRESS) 3873 E. 53rd St. KC. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lowry City Cemetery DATE Feb 24 1937

19. UNDERTAKER H. C. Austin
(ADDRESS) Lowry City Mo

20. FILED Feb 22 1937 Sophia L. Stratton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 5th 1937 to Feby 20th 1937
I last saw her alive on Feby 20th 1937. Death is said to have occurred on the date stated above, at 10:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Hodgkins Disease	Year
Retroperitoneal	

Other contributory causes of importance: Don't Know

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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) Leo Sheldon Wright, M. D.
(Address) Lowry City, 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.