

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

SEP 10 1937

29213

1. PLACE OF DEATH 3141a Sheridan Ave 791  
 County ..... Registration District No. ....  
 Township ..... Primary Registration District No. 1003  
 City, St., Louis (No. ....) Ward

File No. ....  
 Registered No. 7846  
 St. .... Ward

2. FULL NAME Kate Hill  
 (a) Residence, No. 3141 Sheridan Avenue St. 21 Ward.  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5th 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 68 7 10

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) Mineral Springs Ark  
 (STATE OR COUNTRY)

13. NAME John Davis

14. BIRTHPLACE (CITY OR TOWN) Tollette Ark  
 (STATE OR COUNTRY)

15. MAIDEN NAME Adline Davis

16. BIRTHPLACE (CITY OR TOWN) ? Ark  
 (STATE OR COUNTRY)

17. INFORMANT Grace Breedlove  
 (ADDRESS) 3141 Sheridan Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
 East, St, Louis Ill Aug 21, 37  
 Booker Washington Cemetery

19. UNDERTAKER J.S. H. Randle & Son  
 (ADDRESS) 920 No. Leonard Ave

20. FILED AUG 20 1937 Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20 1937, to Aug 16 1937.

I last saw her alive on Aug 14 1937. Death is said to have occurred on the date stated above, at 9:45 m.

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

Chronic myocarditis  
 Chronic nephritis

Other contributory causes of importance: Bronchial asthma

Name of operation none Date of .....

What test confirmed diagnosis? Clinical 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) Robert M. Scott M.D.  
 (Address) 2839 A. Dickson, St. Louis

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.

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