

REC'D JUN 17 1938

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

Do not use this space.

19172

1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No. _____)

Registration District No. 668
Primary Registration District No. 2532

File No. 158
Registered No. 668
St. _____ Ward _____

2. FULL NAME

Johanna Elizabeth Hillman

(a) Residence, No. 575 S. Engineer St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Walter E. Hillman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 - 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 1 17

OCCUPATION 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) Pettis County Missouri

FATHER 13. NAME Lewis Luck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Missouri

MOTHER 15. MAIDEN NAME Matilda Schaefer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barra Ill.

17. INFORMANT (ADDRESS) Yvonne Hillman Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5-18-1938

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia

20. FILED 5-18-1938 Jerry Slack Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to May 15, 1938
I last saw her alive on May 15, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia
Date of onset 1/21
Other contributory causes of importance:
Chronic valvular heart disease
Chronic myocarditis with decompensation
Chronic nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 Chorden Stauffer 440!
(Signed) Sedalia Mo M. D.
(Address) _____

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCASION is very important.

