

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.

1. PLACE OF DEATH

County Scott

Township Bellevue

City Illmo

(No. 2)

Registration District No. 1155

Primary Registration District No. 6065C

File No. 22963

Registered No. _____

St. _____

Ward _____

2. FULL NAME August Hillmann

(a) Residence, No. Illmo Mo

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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 Elizabeth Hillmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 - 1874

7. AGE

YEARS 65

MONTHS 5

DAYS 13

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Illmo Missouri

FATHER

13. NAME Henry Hillmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illmo Mo

MOTHER

15. MAIDEN NAME William Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illmo, Mo.

17. INFORMANT Elizabeth Hillmann

(ADDRESS) Illmo Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jackson

DATE Jan 1 40

19. UNDERTAKER Jessie H. Brown

(ADDRESS) Wape, Ill. Mo.

20. FILED 6-1 1940

M. S. Deane

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/30, 1940

22. I HEREBY CERTIFY, That I attended deceased from 5/30/40, 1940, to 5/30/40, 1940.

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

Dead on arrival
apoplexy (?)
g.p.w.

Date of onset

Other contributory causes of importance:

Hypertension (?)

Name of operation none

Date of

What test confirmed diagnosis? none. Was there an autopsy? m

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

(Signed) A. B. Kel

(Address) Illmo Mo

M. D.

RECEIVED

District Health Officer No. 2,

District Number 740 - 1239

Date 7/12/40

Was enclosed by W. H. Carter
Specimen 3568