

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

PLACE OF DEATH

County Adair

Township Biggsville

Registration District No. 4001

File No. 1

Village Birchhear

Primary Registration District No. 4001

Registered No. 1

City _____ (NO. _____)

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Lucian Edward Hill

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Oct. 28, 1856
(Month) (Day) (Year)

AGE 55 yrs 2 mos 11 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Same

BIRTHPLACE (City or town, State or foreign country) Ohio 5-61

NAME OF FATHER W. F. Hill

BIRTHPLACE OF FATHER (City or town, State or foreign country) Penn

MAIDEN NAME OF MOTHER Sarah Eagle

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. E. Hill

(ADDRESS) Novelty MO.

Filed Jan 12, 1912 F. M. Barnes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 5, 1912, to Jan 9, 1912, that I last saw him alive on Jan 9, 1912, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis
II B
II: C 10

(Duration) 7 yrs. 7 mos. 7 ds.
Contributory Agrippa
(SECONDARY) (Duration) 7 yrs. 7 mos. 7 ds.

(Signed) F. M. Barnes M. D.
Jan 12, 1912 (Address) Birchhear MO

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Oak Wood Cem DATE OF BURIAL Jan 12, 1912

UNDERTAKER F. R. Coarley ADDRESS Birchhear, MO.

