

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

PLACE OF DEATH  
County Jackson  
Township New  
or  
Village \_\_\_\_\_  
or  
City Kansas City (NO. 19 & Oryming) St.: \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 399 File No. 26316  
Primary Registration District No. 1002 Registered No. 2643

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

FULL NAME John Hill

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE wh. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single  
DATE OF BIRTH May 11 1882 (Month) (Day) (Year)  
AGE 27 yrs. 3 mos. 10 ds. If LESS than 1 day, hrs. or min.?

DATE OF DEATH Aug 21 1914 (Month) (Day) (Year)

OCCUPATION (a) Trade, profession, or particular kind of work Dom worker  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

I HEREBY CERTIFY, that I attended deceased from as coroner, 1914, to \_\_\_\_\_, 1914, that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 1914, and that death occurred, on the date stated above, at Murksboro m.

The CAUSE OF DEATH\* was as follows:  
Gun shot of head.

BIRTHPLACE (City or town, State or foreign country) Mich

Found dead on street with revolver lying near by.  
1 1/2 hrs (Duration) yrs. mos. ds.

PARENTS  
NAME OF FATHER Not known  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known  
MAIDEN NAME OF MOTHER Ludelia Dobson  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

Contributory Unknown (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Fritz Morninghoff M. D. 88/24 R 1914 (Address) 20 Hunter Ave

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) William Hill  
(ADDRESS) 20 Hunter Ave

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death Not known yrs. mos. ds. In the State Not known yrs. mos. ds.

Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence Armsdale Kas.

Filed AUG 25 1914 1914 W.S. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL Cazenovia Cem DATE OF BURIAL Aug 25 1914  
UNDERTAKER Quish & Tobin ADDRESS 20 Hunter Ave.

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.

