

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

12439 189

1 PLACE OF DEATH
 County LOUIS. State _____ Registered No. _____
 Township CARONDELET or Village _____ or
 City Jefferson Barracks, Mo. No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William D. Hill.
 (a) Residence. No. Jefferson Barracks, Mo. St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ <p style="text-align: center;"><u>Single</u></p>				
6 DATE OF BIRTH (month, day, and year) <u>Nov. 24th, 1896.</u>				
7 AGE <u>27</u>	Years	Months <u>4</u>	Days <u>26</u>	IF LESS than 1 day, <u>10</u> hrs. or <u>20</u> min.
8 OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Soldier</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>U.S. Army</u>				
(c) Name of employer <u>U.S. Army</u>				
9 BIRTHPLACE (city or town) <u>Blytheville,</u> (State or country) <u>Arkansas.</u>				
PARENTS	10 NAME OF FATHER <u>Unobtainable</u>			
	11 BIRTHPLACE OF FATHER (city or town) <u>Unobtainable</u> (State or country) <u>Unobtainable</u>			
	12 MAIDEN NAME OF MOTHER <u>Unobtainable</u>			
	13 BIRTHPLACE OF MOTHER (city or town) <u>Unobtainable</u> (State or country) <u>Unobtainable</u>			

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (month, day, and year) <u>April 20th, 1924.</u>
17 I HEREBY CERTIFY, That I attended deceased from <u>April 15th, 1924, to April 20th, 1924,</u> that I last saw him alive on <u>April 20th, 1924,</u> and that death occurred, on the date stated above, at <u>10:30 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Immediate cause: Uremia.</u>
44
(duration) <u>0</u> yrs. <u>0</u> mos. <u>5</u> ds.
CONTRIBUTORY <u>Hyponephroma, bilateral, with gen-</u> <small>(Secondary)</small> <u>eral metastasis.</u> (duration) <u>0</u> yrs. <u>0</u> mos. <u>5</u> ds.
18 Where was disease contracted <u>Place of death.</u> if not at place of death? _____
Did an operation precede death? <u>No</u> Date of _____
Was there an autopsy? <u>Yes.</u>
What test confirmed diagnosis? <u>Autopsy.</u>
(Signed) <u>P. D. Carroll, Major, Med. Corps, U.S.A.</u> <u>19</u> (Address) <u>Jefferson Barracks, Mo.</u>

14 Informant Henry C. Brown, Sgt. ed. Dept, W3..
(Address) Jefferson Barracks, Mo.

15 Filed am. 21, 1924 L. C. Obrock M. U.
REGISTRAR

11-3184

19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Blytheville Ark</u>	DATE OF BURIAL <u>4/23 1924</u>
20 UNDERTAKER <u>Southern</u>	ADDRESS <u>7316 S. B. Burg</u>

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probable suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual officers may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11-318A

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

Message will be shown in the
Office Oct. 27-1932

New York, New York..

October 24, 1932.

Missouri State Board of Health,
Jefferson City, Missouri.

Dear Sirs:

I, Mrs. Elizabeth Hill, hereby state that I was the legal wife of William D. Hill at the time of his death, and that I had never been divorced from him.

Signed Elizabeth Hill

I, Arthur J. Rizer, hereby state that I have known Mrs. Elizabeth Hill since before her marriage to William D. Hill and that she was the legal wife of William D. Hill at the time of his death and that she was not divorced from him.

Signed Arthur Rizer
876 W. 180 St., New York City.

State of New York
County of New York

SWORN TO BEFORE ME
THIS *24th* DAY OF *October*, 19*32*
Mount. Saratoga

NOTARY PUBLIC, New York Co.
N. Y. Co. Clk's No. 220, Reg. No. 4-H-20
Commission Expires March 30, 1934

RECEIVED
OCT 26 1932

THE STATE BOARD OF HEALTH
OF MISSOURI

New York City,

September 25, 1932,

Missouri State Board Of Health,
Bureau Of Vital Statistics,
Jefferson Barracks, Missouri.

RECEIVED
SEP 28 1932

THE STATE
OF MISSOURI

Dear Sirs:

I have applied for aid from the Board Of Child Welfare, County Court House, City Hall Park, New York City, for myself and son, and had to submit papers as Marriage, Birth and my husbands Death Certificate to substantiate my claims to being entitled to such aid. My husband, unable to secure employment here in New York at the beginning of 1924 left for his home in Blyesville, Ark. Not able to get employment there he reenlisted in the U.S. Army at Jefferson Barracks in April, 1924 and stated that he was single, no doubt to assure his acceptance for reenlist-

tl)
d.

ment. He died on April 20, 1924 and on the enclosed Death Certificate the word Single appears and is incorrect inasmuch as we were never divorced. We were married February 11, 1918 on Governors Island, N.Y., and later again married in the Church of St. Paul, Princeton, N.J. ^{May 7, 1918} where my husband was then stationed as he was then in the U.S. Army. I have the two Marriage Certificates in my possession. Now due to the word Single on this Death Certificate the Board of Child Welfare questions whether I was married to him at the time of his death and I should return this Certificate for correction and I and my son, Joseph, aged 12 will receive the aid we need very much. Hoping that you may be able to help me in this matter I remain

Resp. yours

Mrs. Elizabeth Hill.

523 West 151 Street.

12474

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1934

13439

1. PLACE OF DEATH

County St. Louis Registration District No. _____
Township Carondelet Primary Registration District No. _____
City Jefferson Barracks, Mo. St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME William D. Hill

(a) Residence, No. Jefferson Barracks, Mo. st. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 . 19 24

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Elizabeth Hill

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1924 to April 20, 1924

I last saw h. im alive on April 20, 1924 Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Immediate Cause Uremia Date of onset _____

Other contributory causes of importance: (Secondary) Hypernephrome, bilateral, with general Metastasis.

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy 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? _____
If so, specify _____

(Signed) P. J. Carroll, Major Corps, U.S.A. M.D. A.
(Address) Jefferson Barracks, Mo.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 24, 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 4 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Army.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Blytheville
(STATE OR COUNTRY) Arkansas

FATHER 13. NAME Unobtainable

14. BIRTHPLACE (CITY OR TOWN) Unobtainable
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unobtainable

16. BIRTHPLACE (CITY OR TOWN) Unobtainable
(STATE OR COUNTRY)

17. INFORMANT Henry C. Brown, Sgt. Med. Dept.
(ADDRESS) U.S.A. Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blytheville, Ark. DATE 4#23, 1924

19. UNDERTAKER Southern
(ADDRESS) 7315 S. Bdway.

20. FILED April 21 1924 L.C. Obrock, M.D. Registrar.

SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

12449