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

Do not use this space.

1396

File No. ____

Registered No. 1753

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 2002
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Henry Edward Hill

(a) Residence. No. Southland Hotel St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby. 9, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	63	11	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Architect
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rosamond
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Rev. Timothy Hill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mason
(STATE OR COUNTRY) New Hampshire
12. MAIDEN NAME OF MOTHER Frances A. Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Town
(STATE OR COUNTRY) New York

14. INFORMANT Rev. John B. Hill
(Address) 5544 Holmes St

15. Filed Jan 31, 1927 M. M. Browne
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany 29 1927

17. I HEREBY CERTIFY, That I attended deceased from 1/25, 1927, to 1-29, 1927, that I last saw h. alive on 1-29, 1927 and that death occurred, on the date stated above, at 6:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Terminal) Labor
Toxic Nephritis
(duration) yrs. 3 mos. ds.
CONTRIBUTORY (SECONDARY) Acute Nephritis
(duration) yrs. mos. 7 ds.

18. WHERE DID DISEASE CONTRACTED? Residence
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory

(Signed) Walter Angus, M. D
1/30, 1927 (Address) 845 Pennsylvania Bldg.

*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.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~	DATE OF BURIAL
Elmwood Cem.	1-31-1927
20. UNDERTAKER	ADDRESS
Stine & McClure	924 Oak

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

815 Shubert Bldg.

Vic 3925