

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

Do not use this space.

**36117**

**PLACE OF DEATH**

County Butler  
Township Neely  
City Neelyville (No. .... St. .... Ward)

Registration District No. 88  
Primary Registration District No. 5130

File No. ....  
Registered No. 42

**2. FULL NAME** Chas Hill

(a) Residence. No. .... 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. 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April about

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
about 69

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work lawyer  
(b) General nature of industry, business, or establishment in which employed (or employer) handle mill  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) not known  
(STATE OR COUNTRY) Ind

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

14. INFORMANT Mr J. M. Ellis  
(Address) Neelyville

15. FILED 1, 8, 1928 R. L. Turner  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1927, to Dec 19 1927 that I last saw him alive on Dec 19 1927, and that death occurred, on the date stated above, at 1230 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Coronary Thrombosis  
46E 44 10 6

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. M. Henrichsen, M. D.

1/3, 1928 (Address) Route Bluff Mo  
\*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 City DATE OF BURIAL 12/30 1927

20. UNDERTAKER Frank Und-Co - Poplar Bluff Mo. ADDRESS

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 - PERMANENT RECORD

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