

FEB 31 1928

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

Do not use this space.

1743

1. PLACE OF DEATH

County Lumpkin  
Township Deer Creek  
City North Mills Mo (No. ....)

Registration District No. 972  
Primary Registration District No. 3652

File No. 2  
Registered No. 2  
St. .... Ward)

2. FULL NAME J. W. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 9 8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Moscow Mills  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Ruffin A Hill

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

12. MAIDEN NAME OF MOTHER Margaret S. Colvard

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

14. INFORMANT Charles Hill  
(Address) Moscow Mills Mo

15. FILED Jan 25, 1928 H. A. Shephard  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 1 1928 to Jan 12 1928 that I last saw him alive on Jan 12 1928, and that death occurred, on the date stated above, at 10 B. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diabetes mellitus with Gangrene

CONTRIBUTORY (SECONDARY) 5 yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Blood test

(Signed) Stewart, M. D.

, 19 (Address) Troy 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 DATE OF BURIAL

Troy Cemetery Jan 14 1928

20. UNDERTAKER ADDRESS

Kemper Bros Troy Mo

NOTE: 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.

