

MAR 16 1928

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

Do not use this space.

4100

## 1. PLACE OF DEATH

County..... Ruchannan

Registration District No. 85

Township.....

Primary Registration District No. 1001

City..... St. Joseph, (No. 2229 Locust Street,

File No. ....

Registered No. 197

St. .... Ward)

## 2. FULL NAME..... Thomas Gregory Hill.

(a) Residence. No. 2229 Locust, St. .... 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. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Colored.

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 28, 1927.

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2

17

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... St. Joseph

(STATE OR COUNTRY)

Missouri.

10. NAME OF FATHER Forrest Daniel Hill.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... St. Joseph.

(STATE OR COUNTRY)

Missouri.

12. MAIDEN NAME OF MOTHER Waunetta Birch.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... St. Joseph.

(STATE OR COUNTRY)

Missouri.

14. INFORMANT..... Forrest D. Hill.

(Address)

2229 Locust St.

15. FILED FEB 15 1928

John J. Hill REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15, 1928

17. Viewed.

I HEREBY CERTIFY, That I attended deceased from an in 15, 1928, to an in 19, 1928, and that I last saw him in 19, 1928, and that death occurred, on the date stated above, at 8:45 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchial Pneumonia

107A / 194B / 000

CONTRIBUTORY..... Exposure to Elements (SECONDARY) weather (duration)..... yrs. .... mos. .... ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No.

\*WHAT TEST CONFIRMED DIAGNOSIS? view of history of condition (Signed) J. W. Myers, M.D. 2/15/1928 (Address) St Joseph 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

Mount Olivet Cemetery.

Feb 16 1928

## 20. UNDERTAKER

ADDRESS

H. O. Sidenfaden.

1802 Union St.

