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

Do not use this space.

24278

1. PLACE OF DEATH

County: Lafayette — Registration District No.: 460 — File No.:

Township: Corder — Primary Registration District No.: 4272 — Registered No.: 57

City: Corder, Mo (No. ..... St. ..... Ward)

2. FULL NAME Frank W. Hill

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [redacted] Sophia Hill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 5, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	8	11	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Effingham, Ill. Effingham Co.

PARENTS

10. NAME OF FATHER: George Hill

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

12. MAIDEN NAME OF MOTHER: Frena

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

14. INFORMANT: Martin Hill (Address) Corder Mo A.H.N.

15. FILED 7/18 1928 Dessie P. Porter REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 6 P 5, 1928, to Date, 19..., that I last saw h. ..... alive on ....., 19....., and that death occurred, on the date stated above, at 2:15 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis, Pulmonary, Chronic

23A (duration) ..... yrs. ..... mos. ..... ds.

110B CONTRIBUTORY (SECONDARY): Chronic fibrous pleurisy

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH? [redacted]
DID AN OPERATION PRECEDE DEATH? NO DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Frederick P. Spencer M.D.
, 19 (Address) Corder 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
Luther Cemetery Corder Mo	7-18 1928

20. UNDERTAKER	ADDRESS
Haefer & Meinershagen	Higginsville Mo

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.

26 1928