CT 22 1928

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

Do not use this space.

29793

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 1001 — File No.
Township — Primary Registration District No. — Registered No. 1103
City St. Joseph. (No. St. Joseph's Hosp. St. Ward)

2. FULL NAME William Hill
(a) Residence. No. 321 No. 6th. 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 15 yrs. mos. ds. How long in U.S., if of foreign birth? Unknown mos. ds.

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.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov, 14, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	10	5	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxony, Germany

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Nic Kuehn
(Address) 727 Francis St.

15. FILED SEP 27 1928, 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept, 19, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1928, to Sept 19, 1928, that I last saw him alive on Sept 19, 1928, and that death occurred, on the date stated above, at 10.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy
8 A 7 4 0 1
9
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(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? Clinical
(Signed) [signature], M. D
Sept 20, 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 Ashland Cemetery — DATE OF BURIAL Sept, 21, 1928

20. UNDERTAKER Walter Mainhoffer — ADDRESS 1302 Faraon St.