DEC 27 1928

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

Do not use this space.

36585

1. PLACE OF DEATH

County Gentry — Registration District No. 309 — File No.

Township Athens — Primary Registration District No. 5427 — Registered No. 49

City ..... (No. ..... St. ..... Ward)

2. FULL NAME June 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: Female
4. COLOR OR RACE: White
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) Dec Thr 11 - 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	10	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Non
(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) Harrison Co Mo

PARENTS

10. NAME OF FATHER Roy Hill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Albany Mo
12. MAIDEN NAME OF MOTHER Sarah Fountain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Albany

14. INFORMANT Roy Hill
(Address) Albany Mo

15. FILED Nov 7, 1928 W. T. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 19th, 1928, to Nov 1, 1928, that I last saw him alive on Oct 31, 1928, and that death occurred, on the date stated above, at 6 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enteritis
119B
113B
(duration) ..... yrs. ..... mos. 12 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
8 DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) J E Graham, M. D
Nov 1st, 1928 (Address) Albany 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: Lone Star — DATE OF BURIAL: Nov Thr 2 1928

20. UNDERTAKER: T R Shockley — ADDRESS: Albany 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.