DEC 31 1928

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

Do not use this space.

36739

1. PLACE OF DEATH

County Howell — Registration District No. 384 — File No. 112

Township — Primary Registration District No. 4227 — Registered No.

City West Plains (No. ... St. ... Ward)

2. FULL NAME Amond Hill

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	wht	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	3	24	

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

9. BIRTHPLACE (CITY OR TOWN) Dormis
(STATE OR COUNTRY) Ozark Co

PARENTS

10. NAME OF FATHER J Walter Hill
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ozark Co
12. MAIDEN NAME OF MOTHER Lilly Patrick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ozark Co

14. INFORMANT J Walter Hill
(Address) Dormis Mo

15. FILED 11-28-28 O. P. A. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Nov 26, 1928 that I last saw him alive on Nov 26, 1928 and that death occurred, on the date stated above, at 2 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis

1215

129

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Appendicitis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Dormis Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 20-28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) R E Hogan, M. D

11-26, 1928 (Address) West Plains 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 Dormis Mo — DATE OF BURIAL Nov 28 1928

20. UNDERTAKER McFarland Mud Co — ADDRESS West Plains

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.