

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

Do not use this space.

10016

1. PLACE OF DEATH

County Cole Registration District No. 215 File No. _____
 Township _____ Primary Registration District No. 3014 Registered No. 78
 City Jefferson (No. St. Marys Hosp.) St. _____ Ward _____

2. FULL NAME

(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

male

4. COLOR OR RACE

White

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

Married

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

Dora May Hill

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

Mar. 11 - 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>69</u>		<u>6</u>	

8. OCCUPATION OF DECEASED

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

California Mo.

10. NAME OF FATHER

John H. Hill

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

Ky

12. MAIDEN NAME OF MOTHER

Campbell

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

Scotland

14. INFORMANT (Address)

C. H. Hill Brookfield, Mo.

15. FILED

3.18.29 S. J. Sedgwick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** 3-17-1929

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1929, to March 17, 1929
that I last saw him alive on March 17, 1929, and that death occurred, on the date stated above, at 5 **m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza with terminal
lobar pneumonia

11/1
108
1270 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cholangitis

18. WHERE WAS DISEASE CONTRACTED

329 Madison City
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Jas. A. Hill M. D.

3.18.1929 (Address) Jefferson City 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

Brookfield Mo. **DATE OF BURIAL** 3-19-1929

20. UNDERTAKER

C. P. Heinrichs **ADDRESS** J. B. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD SIGN

226
234
238

199
2
8

