JUL 27 1929

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

Do not use this space.

19092

1. PLACE OF DEATH

County Putnam — Registration District No. 718 — File No.

Township Jackson — Primary Registration District No. 5949 — Registered No. 17

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

2. FULL NAME Thomas Claiborne 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 M.

4. COLOR OR RACE W.

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1 1835

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
93	7	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) W. Virginia
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER George Hill

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

12. MAIDEN NAME OF MOTHER Martha E. [illegible]

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

14. INFORMANT Harry F Hill
(Address) Pallyck, Mo.

15. FILED 5-10, 1929 J H Hahman REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1929, to May 9, 1929 that I last saw him alive on Apr. 24, 1929, and that death occurred, on the date stated above, at 12.15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Arteriosclerosis
93c
97 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocardial Degeneration
(duration) yrs. 6 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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Barton M. D.

May 10 1929 (Address) Unionville

*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 Dixon Cem.

DATE OF BURIAL May 11 1929

20. UNDERTAKER F. O. Husted & Son

ADDRESS Unionville 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.