

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

Do not use this space.

31075

**1. PLACE OF DEATH**

County Jackson  
Township Jackson  
City Sanapee City (No. 1704) Locust

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 4121  
St. .... Ward)

**2. FULL NAME**

Henry Hill  
(a) Residence. No. 1704 Locust 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 Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1887

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 18 - 1887

7. AGE 42 YEARS MONTHS 6 DAYS 11  
If LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Low Labor  
(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) Alabama

**10. NAME OF FATHER**

Alexander Hill

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Alabama

**12. MAIDEN NAME OF MOTHER**

Huntton

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Alabama

**14.**

INFORMANT Lee Hill  
(Address) 1704 Locust

**15.**

FILED 10/3 19 29 M. M. Lorange REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 21 at 1929, to Sept 29, 1929, that I last saw him alive on Sept 29, 1929, and that death occurred, on the date stated above, at 10 AM m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Polar Pneumonia

100 (duration) yrs. 7 mos. 8 ds.

**CONTRIBUTORY (SECONDARY)**

10/10 (duration) yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. D. Buggenheim, M. D.  
9/30, 19 29 (Address) 1126 E 15th

\*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**

**DATE OF BURIAL**

Mathew County

10/3 19 29

**20. UNDERTAKER**

**ADDRESS**

Mathews Brothers

1729 Lydia

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.

2337

