

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

Do not use this space.

36869

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No. Burge Hospital)

File No. _____
Registered No. 811
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1346 N. Robinson St.
(Usual place of abode)

Ward. _____
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Laura Hill

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

March 4 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

71

8

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter & Paper Hanging
(b) General nature of industry, business, or establishment in which employed (or employer) 167 77.9
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Lansing

(STATE OR COUNTRY)

Michy

10. NAME OF FATHER

Edwin Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

12. MAIDEN NAME OF MOTHER

Blonny Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14.

INFORMANT (Address)

Laura Hill
Springfield Mo.

15.

FILED

11-7-19-29 For Sharp

REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6-1929

17. I HEREBY CERTIFY, That I attended deceased from 10-28-1929, to 11-6-1929, **1929**, and that I last saw him alive on 11-6-1929, and that death occurred, on the date stated above, at 1 P.M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

"Undetermined" possibly
Point Poisoning & Mercury poisoning using Mercury in paper hanging paper

CONTRIBUTORY (SECONDARY)

Serum (duration) 5 wks. yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) C. E. Keller M. D.

11-7-1929 (Address) Springfield Mo

*State the DISEASE CAUSE OF DEATH, or if 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

Green Lawn Cemetery Nov 7 19 29

20. UNDERTAKER

ADDRESS

J. W. Klingner & Co., 4246 Condit
Springfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH, BUREAU OF VITAL STATISTICS, THIS IS A PERMANENT RECORD

69

92

159

918