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

Do not use this space. 37113

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4581

Township Kaw — Primary Registration District No. 1 — Registered No.

City Kansas City (No. 1815 Norton St. Ward)

2. FULL NAME Thomas W. Hill

(a) Residence. No. 1815 Norton St., 12 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: Mamie Hill

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 16, 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	6	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Treasurer of Independ-

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

(c) Name of employer: Church

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Davis Hill

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

12. MAIDEN NAME OF MOTHER: Margaret Mc Neil

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

14. INFORMANT (Address): Mrs. Mamie Hill, 1815 Norton

15. FILED 11/6 1929 M. M. Crowe, Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 5, 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1929, to Nov 5, 1929 that I last saw him alive on Nov 5, 1929, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Oedema

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis

(duration) 2 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) W R Foster, M. D

11/6, 1929 (Address) 1529 Lister

*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~~: Lees Summit, Mo — DATE OF BURIAL: Nov 7 1929

20. UNDERTAKER: Stine & McClure — ADDRESS: 3235 Gillham

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

BE-2865