MAR 25 1930

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

Do not use this space.

4124

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 189

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Francis Henry Hill,

(a) Residence. No. Suite 426 Kirkpatrick Building St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	67	8	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurance Agent,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ogdensburg,
(STATE OR COUNTRY) New York,

PARENTS

10. NAME OF FATHER James C. Hill,

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

12. MAIDEN NAME OF MOTHER Mary Kane,

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

14. INFORMANT Mrs. F. H. Hill
(Address) 426 Kirkpatrick Building,

15. FILED FEB 12 1930, 19 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-13-, 1930, to 2-10-, 1930 that I last saw him alive on 2-9-, 1930, and that death occurred, on the date stated above, at 8:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumococcic Meningitis
79A
111B
(duration) - yrs. - mos. 3 ds.

CONTRIBUTORY (SECONDARY) Hypostatic pneumonia
(duration) - yrs. - mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at his home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Clinical
(Signed) L C Bauman, M. D.
2/11, 1930 (Address) Kirkpatrick Bldg, St Jos 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	DATE OF BURIAL
Mount Mora Cemetery,	Feb. 12 1930
20. UNDERTAKER	**ADDRESS**
Heaton Belzale & Bowman Funeral Home	519 S. 10 St.

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.