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

Do not use this space.

399

4922

File No. 572

Registered No.

1. PLACE OF DEATH
County Jackson Registration District No. 1003
Township Kaw Primary Registration District No.
City Kansas City (No. K.C. General Hosp St. Ward)

2. FULL NAME George A. Hill
(a) Residence. No. 614 Main St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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)
M.	W.	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	9	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber
(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) Iowa

PARENTS

10. NAME OF FATHER J.E. Hill
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Rhoda Wright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT Rena Clerk
(Address) K.C. General Hosp.

15. FILED 2/7, 1930 M. M. Browne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-5 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-4, 1929, to 2-5, 1930 that I last saw h-im-alive on 2-5, 1930 and that death occurred, on the date stated above, at 9:55 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Bladder

515

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G E Williamson, M. D.
2-6, 1930 (Address) Supt K.C. Gen'l Hosp

*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
Claiming Ia	2/7, 1930
20. UNDERTAKER O V Mast	ADDRESS 1910 E 65

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.