APR 23 1930

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

Do not use this space. 5

7571

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1. PLACE OF DEATH

County Andrew, Registration District No. 4010 File No. 11

Township Primary Registration District No. Registered No.

City Savannah, (No. Dr. Nichols Sanitarium St. Ward)

2. FULL NAME William Hill,

(a) Residence. No. St., Ward. Portland, Oregon,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 4 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	Unknown,

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
About	75	Unk.	Unk.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Unknown,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

PARENTS

10. NAME OF FATHER Unknown,

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

12. MAIDEN NAME OF MOTHER Unknown,

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

14. INFORMANT Dr. Nichols Sanitarium Records
(Address) Savannah, Missouri,

15. FILED Mch 31, 1930 C. O. Jefferies Mn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1930, to March 30, 1930 that I last saw him alive on March 30, 1930 and that death occurred, on the date stated above, at 11 35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute Mitral Insufficiency
92A
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 96 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Wont Know
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
3/30 (Signed) E. Metheny M.D.
1930 (Address) Savannah 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
Portland, Oregon,	April 3 1930
20. UNDERTAKER	ADDRESS
Frank A. Bowman	319 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.