

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

Do not use this space.

12390

1. PLACE OF DEATH

County Larrison
Township Washington
City Washington

Registration District No. 346
Primary Registration District No. 5483

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Eugene Dale Hill

(a) Residence No. _____ St. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30, 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
11 6 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Larrison Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Fred W. Hill

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

12. MAIDEN NAME OF MOTHER Jola Spencer

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

14. INFORMANT J. H. Brown
(Address) Dewer, Mo.

15. FILED 5/16 19 30 Chas Adams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1930

17. I HEREBY CERTIFY That I attended deceased from 20 1930 to April 22 1930 that I last saw him alive on Apr 22 1930 and that death occurred, on the date stated above, at 5:10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

encephalitis

78 B (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 70 B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Lewis N. Berry, M.D.
, 19 (Address) Dewer 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 Isabella Cemetery DATE OF BURIAL Apr. 23 1930

20. UNDERTAKER Brown Bros ADDRESS Dewer

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 20 1930

