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

Do not use this space.

18454

File No.

Registered No. 10

JUN 8 1930

1. PLACE OF DEATH
County Worth
Township Fletchall
City Grant City (No. ..... St. ..... Ward)

Registration District No. 903
Primary Registration District No. 45-45-

2. FULL NAME Henry B. 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 10 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19, 1839

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	91	1	20	

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

9. BIRTHPLACE (CITY OR TOWN) Tarlton
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Henry Hill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tarlton
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Elsie Day
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tarlton
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Joe C. Hill
(Address) Grant City, Mo.

15. FILED 5-16, 1930 John Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1930

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1930, to May 9, 1930, that I last saw h[illegible] alive on May 4, 1930, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Hypostatic)
Febrile Variety
11 A
107 A (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. ..... mos. 6 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? Physical Findings

(Signed) B. Rose, M. D.
. 19 (Address) Grant City 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
Victoria Hill.	5-12 1930
20. UNDERTAKER Jack C. Dunfee	ADDRESS Grant City Mo.

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.