

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

Do not use this space.

18523

1. PLACE OF DEATH

County Barry

Registration District No. 30

File No.

Township

Primary Registration District No. 3003

Registered No. 31

City Monett (No.)

St. Ward)

2. FULL NAME John Henry Hills

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1930

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

I HEREBY CERTIFY, That I attended deceased from June 6 1930 to June 7 1930 and that I last saw him alive on June 7 1930 and that death occurred, on the date stated above, at Monett, Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25, 1891

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 2 day, hrs. or min. 39 3 14

Complication of Chronic Gastric Ulcer
and Chronic Myocarditis
(duration) Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 131 152
(c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

18. WHERE WAS DISEASE CONTRAICTED IF NOT AT PLACE OF DEATH

10. NAME OF FATHER John Hills

DID AN OPERATION PRECEDE DEATH? DATE OF

19. PLACE OF BURIAL (CITY OR TOWN) (STATE OR COUNTRY) Bethel

20. UNDERTAKER Callaway's

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

WHAT TEST CONFIRMED DIAGNOSIS (Signed) E. M. D., M. D.

12. MAIDEN NAME OF MOTHER Ida Carlin

, 19 (Address)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

*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.

14. INFORMANT Mrs. Henry Hills (Address) Monett Mo

19. PLACE OF BURIAL (CITY OR TOWN) (STATE OR COUNTRY) Bethel DATE OF BURIAL 6-10 1930

15. FILE NO. 6-8, 19 30 W. M. West REGISTRAR

20. UNDERTAKER Callaway's ADDRESS Monett

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.
 County Berry Registration District No.
 Township Monett Mo. Primary Registration District No.
 City Monett Mo. (No.) St. Ward) (X)
 2. FULL NAME John H. Stille
 (a) Residence No. St. Ward) (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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
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8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work

(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)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Mrs. Jessie Leister
 (Address) Flat Spangels ark.

15. FILED 19.....
 (Signature) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1930 (X)

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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) M. D.
 , 19 (Address)

*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 19.....
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

Hot Springs, Arkansas
August 25, 1930

I, Jessie Leister, divorced widow of Jno. H. Hile
and guardian of our children, hereby certify that
Jno. H. Hile and Henry Hile who died at Lonett, Mo.
June 7, 1930 is one and the same person.

Mrs Jessie Leister
Jessie Leister

Subscribed and sworn to this 25 day of August, 1930.

[Signature]
Notary Public

My commission expires Dec. 23, 1931

S-18523