

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

Do not use this space.

21350

~~21452~~

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *909th Jefferson*)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **6223.**
St. Ward)

2. FULL NAME

(a) Residence. No. *909th Jefferson* 21. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>		4. COLOR OR RACE <i>Negro</i>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Katherine Hill</i>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>May 25, 1902</i>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
	<i>28</i>	<i>0</i>	<i>27</i>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <i>Automobile Mechanic</i>					
(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) *Arkansas*

10. NAME OF FATHER *Robert Hill*

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

12. MAIDEN NAME OF MOTHER *Mattie Hank*

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

14. INFORMANT (Address) *Adelia Newell 909th Jefferson*

15. FILED *30 26 1936* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from *June 20th* 19*30* to *June 22nd* 19*30* that I last saw him alive on *June 22* 19*30*, and that death occurred, on the date stated above, at *10:57 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1180 Acute Gastritis
(Cause - Bonnard & Clean)
..... (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *1180* (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS *Physical findings*
(Signed) *J. Jaynes*..... M. D.

*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
St. Louis Home *6-27-1930*

20. UNDERTAKER ADDRESS *14107 Pinney Ave.*

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.

