

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

Do not use this space.

558

PLACE OF DEATH

County Clark
Township Madison
City Kahoka (No.)

Registration District No. 190
Primary Registration District No. 5269

File No.
Registered No. 10 St. Ward)

2. FULL NAME G. L. Hill

(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. moa. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 0 15

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) Farming
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

10. NAME OF FATHER Wm. Hill

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

12. MAIDEN NAME OF MOTHER Julia Lewis

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

14. INFORMANT (Address) Mrs. Leola Hill Kahoka Mo.

15. FILED 71 31 J. R. Bridges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 27th, 1926, to Jan 30th, 1931, that I last saw him alive on Jan 30th, 1931 and that death occurred, on the date stated above, at 7:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Failure

118

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF (3) WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Grace L. Gray, D.O., M.D. 71, 1930 (Address) Kahoka 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
Perksville Cemetery Feb. 1 1931

20. UNDERTAKER ADDRESS
Gutteridge & Co. Kahoka

WRITE PLAIN INK 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.

FEB 10 1931

