(123)

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

Do not use this space.

2768

FEB 28

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.

1. PLACE OF DEATH
96 County St Louis — Registration District No. 788 — File No.
12 Township — Primary Registration District No. 4471 — Registered No. 114
City Webster Groves (No. 553, Fairview Ave St. ..... Ward)
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2. FULL NAME Coleman B Hill

(a) Residence. No. 553 Fairview Ave 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: 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: Julia Hill

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 19, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	10	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Real Estate Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 15 yrs
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: John Hill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Julia Hill
(Address) 553 Fairview Ave

15. FILED 1/28, 1931 Dr. A. W. Westrup D. Carlock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1919, to Jan 27, 1931 that I last saw him alive on Jan 27, 1931, and that death occurred, on the date stated above, at 11:15 P. m.

131 99 THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Myocarditis
(2) Nephritis (chronic interstitial
(3) ..... (duration) 6 yrs. mos. ds.

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

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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ..... (1)
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam
(Signed) Wm Alexander S Mott, M.D.
Jan 28, 1931 (Address) Webster Groves

*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: Ironton, Mo
DATE OF BURIAL: Jan 30 1931

20. UNDERTAKER: Drehmann Hanal
ADDRESS: 1905 Union

Dr W. [illegible]
Gorelock Bldg
[illegible]eb ~~[illegible]~~ ~~[illegible]~~ 2-5
163 Helfenstein
Web 75