

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.

MAR 27 1931

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

Do not use this space.

8588

1. PLACE OF DEATH  
County Washington Registration District No. 585  
Township Belgrade Primary Registration District No. 6183  
City (No. St. Ward)

2. FULL NAME George Hill  
(a) Residence, No. St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 ? ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) This Co. 1

13. NAME Loss Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) This Co.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) This Co.

17. INFORMANT Sau Dau (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Palmer DATE 3-1 1931

19. UNDERTAKER Spahn (ADDRESS) Potosi

20. FILED 3-9 1931 Mrs. J. M. Knox Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1931

22. I HEREBY CERTIFY, That I attended deceased from No Physician 1931 to 1931  
I last saw h. alive on 4/2, 1931 Death is said to have occurred on the date stated above, at 4/2 m.  
The principal cause of death and related causes of importance were as follows:  
apoplexy  
82H J. J. A.  
Other contributory causes of importance:  
(5)

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 1931  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) J. M. L. Thurman, M. D.  
(Address) Potosi, Mo. coroner

