

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

Do not use this space.

1. PLACE OF DEATH

94 County St. Francois
Township
City Farmington (No.)

Registration District No. 773
Primary Registration District No. 4464

File No. 112931
Registered No. 46
St. Ward)

2. FULL NAME

William Hill

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>none</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 7 1874</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>1</u>
		<u>8</u>
	IF LESS than 1 day, hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer 237</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	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) <u>Farmington, Mo</u>		
MOTHER	13. NAME <u>James Hill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Louisa M. Callister</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Libertyville Mo.</u>	
17. INFORMANT <u>Mrs. Mary Bonanza</u> 276 (ADDRESS) <u>Missouri, Delphian, Ohio</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Coll</u> DATE <u>3/18 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Highest Undert Co Farmington Mo</u>		
20. FILED <u>3-18 1931</u> <u>J. Robinson</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/17 1931, to 3/15 1931
I last saw him alive on 3/15 1931. Death is said to have occurred on the date stated above, at 3:55 Am.
The principal cause of death and related causes of importance were as follows:
Pyetitis
153A
988
75B
Other contributory causes of importance:
Alcohol poisoning
gangrene apr right foot

Name of operation Date of
What test confirmed diagnosis? micro 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 19.....
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 (1)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Chyde & warts, M. D.
(Signed) J. Robinson
(Address) Farmington Mo

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.

APR 27 1931

