

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

Do not use this space.

21827

**1. PLACE OF DEATH**

County Jasper  
Township Greaton  
City Jasper (No.         )

Registration District No. 410  
Primary Registration District No. 4243

File No.           
Registered No. 74  
St.          Ward         

**2. FULL NAME**

(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 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 Alie Hillie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
66      3      4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Franklin, B Virginia

13. NAME Jacob G. Hillie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. Va.

15. MAIDEN NAME Fane Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. Va.

17. INFORMANT (ADDRESS) Mrs. Alie Hillie Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cem DATE June 25, 1931

19. UNDERTAKER (ADDRESS) Teeter Bros Jasper Mo

20. FILED 6125 19 31 D. A. Johns Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 23 - 1931

22. I HEREBY CERTIFY That I attended deceased from April - 1 - 1930, to June - 23 - 1931.  
First saw him alive on June 23, 1931. Death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Liver Date of onset 1-1930

Other contributory causes of importance: None

Name of operation None Date of         

What test confirmed diagnosis?          Was there an autopsy? No

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         

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify         

(Signed) W. H. Knott, M. D.

(Address) Jasper, 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.

25, 1931

