

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

Do not use this space.

30684

1. PLACE OF DEATH

County Callaway
Township Fulton
City..... (No.....)

Registration District No. 104
Primary Registration District No. 51.53

File No.....
Registered No. 203
St..... Ward.....

2. FULL NAME

Howard Franklin 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR <u>Single</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/21 29</u>		
7. AGE <u>I</u>	YEARS <u>10</u>	MONTHS <u>29</u>
		DAYS <u>29</u>
		If LESS than 1 day, ... hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	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)..... Mo.
(STATE OR COUNTRY)

13. NAME Thatcher Hill

14. BIRTHPLACE (CITY OR TOWN)..... Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Louise Gohrin

16. BIRTHPLACE (CITY OR TOWN)..... Mo.
(STATE OR COUNTRY)

17. INFORMANT Thatcher Hill
(ADDRESS) R.F.D. Fulton Mo.

18. BURIAL CREMATION OR REMOVAL
PLACE Central Church DATE 9/21 31

19. UNDERTAKER Herndon Taylor
(ADDRESS) Fulton Mo.

20. FILE Sept 21 1931 R. n. crew
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/20 1931

22. I HEREBY CERTIFY, That I attended deceased from
9/17 1931 to 9/19 1931

I last saw him alive on 9/19 1931 Death is said
to have occurred on the date stated above, at 8 am.

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

Automobile accident
Cholera Infantum 210M
119A

Other contributory causes of importance:

Name of operation V Date of.....
What test confirmed diagnosis? Swanton 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 Thrown from automobile
Nature of injury subluxated atlas

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Dr. George Brown M. D.
(Address) Fulton Mo

OCT 22 1931

Every item of information should be carefully supplied. AGE should be in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-30684