

Dr. Jose

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

Do not use this space.

40465

**1. PLACE OF DEATH**County ColeRegistration District No. 213

Township

Primary Registration District No. 3014City Jefferson (No. \_\_\_\_\_)File No. 328Registered No. 213

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John W. 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mellie Hill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 25, 1885</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>10/</u>	DAYS <u>19</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retir3d Salesman</u>	
	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) Moniteau County, Mo13. NAME Calvin Hill14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County, Mo15. MAIDEN NAME Cynthia McKisick16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County, Mo17. INFORMANT Aldice Hill  
(ADDRESS) Jefferson City, Missouri18. BURIAL, CREMATION, OR REMOVAL  
PLACE River View Cem DATE 12/16, 193119. UNDERTAKER Wymore-Gordon  
(ADDRESS) Jefferson City, Mo20. FILED 12-23- 1931 J. R. [Signature] Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 193122. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1931, to Dec. 14, 1931I last saw him alive on Dec. 14, 1931 Death is saidto have occurred on the date stated above, at 9:30 p.m.

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

Hyperdeophy of liver probably Cancer125B 460  
127D 460

Other contributory causes of importance:

Complete obstruction of colon duct

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray physical 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) J. R. Jose, M. D.(Address) Jefferson City, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAINTAINED RESERVED FOR BINDING

JAN 20 1932

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.

V. S. NO. 2.

