

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

Do not use this space.

4932

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 1100
Primary Registration District No. 1002
(No. 2622 East 30th Street)

File No. 795
Registered No. 795
St. 11 Ward

2. FULL NAME Howard Hill M.D.

(a) Residence, No. 2622 East 30th Street St. 11 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. M. Myrtle Ozias Hill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6th, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
63 9 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Surgeon
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 213
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) Missouri

FATHER 13. NAME Nelson Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data 31

MOTHER 15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Mrs. Myrtle Ozias Hill (M.D.)
(ADDRESS) 2622 East 30th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lt. Moriah Cem. DATE 2/27/32 19

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED 2/27 32 M. M. Crowe
assh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24th, 1932

22. I HEREBY CERTIFY That I attended deceased from Feb. 24 1932 to Feb. 24 1932

I last saw h. alive on Feb. 24 1932 Death is said

to have occurred on the date stated above, at 7:30 m.

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

Ventricular fibrillation Date of onset 2/24/32
93C
93C 94B
95B

Other contributory causes of importance:
Coronary arterial occlusion
myocardial degeneration

Name of operation Date of

What test confirmed diagnosis? Chained Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury

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 ①

Nature of injury

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

If so, specify

(Signed) George Neal M. D.

(Address) 736 Ogden Bldg

Mc 720

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

