

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 5 1932

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

Do not use this space.

7643

1. PLACE OF DEATH
 County Cape Gir Registration District No. 125
 Township Primary Registration District No. 3009
 City (No. 605 S. Middle) St. Ward
 2. FULL NAME James W. Hill
 (a) Residence, No. 605 S. Middle 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.

File No.
 Registered No. 78
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-25-1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired coal miner
 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) Pike Co. Ill. 2
 MOTHER FATHER 13. NAME John Hill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know. 31
 17. INFORMANT Horea, Glenn
 (ADDRESS) 605 So. middle st
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ladford Cemt DATE March 29 1932
 19. UNDERTAKER Haman's Funeral Home
 (ADDRESS) Cape Girardeau mo, 107 S. 1st
 20. FILED 3/31 19 31 31 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28, 1932
 22. I HEREBY CERTIFY, That I attended deceased from 3/26, 1932, to 3/28, 1932
 I last saw him alive on 3/27, 1932 Death is said to have occurred on the date stated above, at 1140 am.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset not known
 Other contributory causes of importance: 930 930
 Name of operation Date of
 What test confirmed diagnosis? None 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 George O. Shelton M. D.
 (Signed) George O. Shelton
 (Address) Cape Girardeau mo

