

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.

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

Do not use this space.

1. PLACE OF DEATH

County JACKSONRegistration District No. 899Township KAWPrimary Registration District No. 3002City KANSAS CITY(No. ST. MARY'S HOSPITAL)File No. 19492Registered No. 2296

St. _____ Ward _____

2. FULL NAME GEORGEHILL(a) Residence, No. _____
(Usual place of abode)

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. 9

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)MARRIED5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFWillis Hill

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

Apr. 1st 1883

7. AGE

49

MONTHS

2

DAYS

7If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.R. R. Clerk9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Mo. Pac. Ry10. Date deceased last worked at
this occupation (month and
year)1511. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Osawatomie, Mo.

FATHER

13. NAME

Wm Hill14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

MOTHER

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT
(ADDRESS)J. Johnson
Osawatomie, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACEOsawatomie, Mo.DATE 6-9-19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI20. FILED June 9, 1932
M. M. Brown
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE - 8, 193222. I HEREBY CERTIFY, That I attended deceased from
May 30, 1932, to June 8, 1932I last saw him alive on June 7, 1932 Death is saidto have occurred on the date stated above, at 7:00 A.M.

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

acute Appendicitis & Peritonitis
1215
1220
129

Date of onset

May 28

Other contributory causes of importance:

Paralytic Ileus
acute Toxic Nephritis
June 3-32
May 30-3223. Name of operation Excision & drainage of abs. Date of 5-30-32What test confirmed diagnosis? Op. & Lab. path. 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 _____, 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) H. C. Leaster(Address) 822 Anglin Bldg
St. Louis

La. J. E. Castle
822 Argyre Bay.
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