

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

39 County GreeneRegistration District No. 318

Township

Primary Registration District No. 2091

City

Springfield Mo 2105 BroadwayFile No. 25959Registered No. 603

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 2105 Broadway 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

male white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJennie Hill

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

Nov - 25 - 1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

8396

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Real Estate

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)

N. Y. (Sweeden)

MOTHER FATHER

13. NAME

Johnathan Hill

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

no data

15. MAIDEN NAME

Sarah Hamland

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

no data

17. INFORMANT

(ADDRESS)

Mrs. Jennie Hill
2105 Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Maple Park

DATE

Aug 28, 1932

19. UNDERTAKER

(ADDRESS)

Edna Lockmeier, Home
534 St. Louis

20. FILED

8-27, 1932Ralph W. Kingston

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 - 1932

22. I HEREBY CERTIFY, That I attended deceased from

1929 to Aug. 26, 1932I last saw him alive on Aug. 22, 1932 Death is saidto have occurred on the date stated above, at 12:50 a.m.

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

Arterio sclerosis

Date of onset

3

Other contributory causes of importance:

Sanguine of foot & leg
to knee caused by
obstructive endarteritis Angi-

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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. Lemmon

M. D.

(Address) SPRINGFIELD, MO

