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

Do not use this space.

29519

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3733
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City Mo (No. General Hospital No. 2 St. Ward)

2. FULL NAME Elexander Hill
(a) Residence, No. 1002 Bellview 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
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. unk 1861
7. AGE: YEARS 70 — MONTHS 10 — DAYS unk — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Dont Know Col. Oklahoma 2

FATHER
13. NAME: Mary Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know 31

MOTHER
15. MAIDEN NAME: Mary Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Colorado 2

17. INFORMANT (ADDRESS): Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE 10-13 1932

19. UNDERTAKER (ADDRESS): Doyle Bros undertaker 1708 Troy

20. FILED Oct 5, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-25-32

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Intestinal Obstruction
122A
122B
122C

Other contributory causes of importance: Recapitulated Hernia

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

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?
If so, specify
(Signed) [signature], M. D.
(Address) Deputy Coroner

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2