

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.

OCT 30 1932

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

Do not use this space.

31107

1. PLACE OF DEATH

County Saline Registration District No. 796
 Township _____ Primary Registration District No. 3038
 City Marshall (No. _____) St. _____ Ward _____

2. FULL NAME Fredrick Leo Hillen

(a) Residence, No. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Hillen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 26 - 1902

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	30	6	4	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 237

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) Saline Co Mo
 (STATE OR COUNTRY)

13. NAME P. J. Hillen

14. BIRTHPLACE (CITY OR TOWN) Saline Co Mo
 (STATE OR COUNTRY)

15. MAIDEN NAME Paula Semins

16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo

17. INFORMANT P. J. Hillen
 (ADDRESS) Edison Truck Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edison Truck DATE Oct 3 1932

19. UNDERTAKER W. D. Campbell
 (ADDRESS) Marshall Mo

20. FILED 10-4- 1932 A. D. Putnam
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1932 to Sept. 30, 1932

I last saw him alive on Sept. 30, 1932 Death is said to have occurred on the date stated above, at 11 P. M.

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

Gunshot wound Date of onset 9.30.32

195 184 60

Other contributory causes of importance: 1840

Name of operation Autopsy Date of _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Gunshot injury 9.30.32

Where did injury occur? Edison Truck _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury 22 gun

Nature of injury wound in right chest

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

If so, specify _____

(Signed) W. D. Campbell M. D.
 (Address) Marshall Mo

