

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.

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

Do not use this space.

39492

1. PLACE OF DEATH

48 County Jackson
5 Township Blue
8 City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 378 (Ward) _____

2. FULL NAME

John Hill
(a) Residence, No. 809 W. Van Horn St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 21

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

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) Eagle Center (STATE OR COUNTRY) Wisconsin

13. NAME Richard Hill

14. BIRTHPLACE (CITY OR TOWN) Eagle Center (STATE OR COUNTRY) Wisconsin

15. MAIDEN NAME Elizabeth Steers

16. BIRTHPLACE (CITY OR TOWN) Devonshire (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. John Hill
Independence Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash DATE Dec 3 1937

19. UNDERTAKER (ADDRESS) Chas. Mitchell
Independence Mo.

20. FILED Dec 2 1937 J. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930, to Dec 2 1937.
I last saw h. l. m. alive on Dec 1 1937. 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:

Heart Block (Myocarditis) Date of onset June 3 - 1932

Other contributory causes of importance:
Carcinoma of bladder Jan 30
hypertensive chronic 1927

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) George T. Wymore, M. D.
(Address) Independence Mo.

JAN 24 1938

