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.

JUN 21 1933

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

Do not use this space.

1. PLACE OF DEATH

24

County Clay — Registration District No. 198 — File No. 16019

Township Fishing River — Primary Registration District No. 3011 — Registered No. 82

City Veterans Administration Hospital, Excelsior Springs, Mo. (No. ..... St. 3rd Ward)

2. FULL NAME HILL, Cuthbert H.

(a) Residence, No. Excelsior Springs, Mo. St., ... Ward. Bado, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 4 mos. 20 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown - age 42

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	x	x	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME W. B. Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Mary - unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Veterans Hospital records Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool, Mo. DATE 5-25 1933, 19

19. UNDERTAKER (ADDRESS) John C. Brather Excelsior Springs Mo

20. FILED May 25, 1933 Y. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1933, 19..., to May 24 1933, 19...

I last saw him alive on May 24 1933, 19... Death is said to have occurred on the date stated above, at 1:55 am m.

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

	Date of onset
Paresis	
83 83	

Other contributory causes of importance: none

Name of operation none Date of .....

What test confirmed diagnosis? exam & obs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? xx Date of injury ....., 19...

Where did injury occur? x (Specify city or town, county, and State)

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

Manner of injury x

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Garrett V. Johnson, M. D.

(Address) Excelsior Springs, Mo.