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.

AUG 20 1933

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

Do not use this space.

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 85 — File No. 22400

5 Township — Primary Registration District No. 1001 — Registered No. 736

City St.Joseph, (No. 901 Pacific St. St. Ward)

2. FULL NAME David B.Hill

(a) Residence, No. 901 Pacific St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June,18,1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	87	1	5	

OCCUPATION

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

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) ~~30 yr~~ 1928

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ogdensburg, N.Y.

FATHER

13. NAME David Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Scotland

MOTHER

15. MAIDEN NAME Catherine Dodds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Scotland

17. INFORMANT (ADDRESS) Mrs.Amanda Hill 901 Pacific St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Auburn DATE July,25,1933

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED JUL 24 1933 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July,23,1933, 19

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933, to July 23, 1933

I last saw him alive on July 21, 1933. Death is said to have occurred on the date stated above, at 1.30 P.M.

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

Myocarditis Acute — Date of onset July 20 33

93 a

Other contributory causes of importance: Senility.

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) Dr. Wm. P. Lenz, M. D.

(Address) Kirkpatrick Bldg, St.Joseph, Mo.