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.

23529

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No.
Township Valle — Primary Registration District No. 3022 — Registered No. 52
City DeSoto (No. ..... St. ..... Ward)

2. FULL NAME Orvil Lee Hill
(a) Residence, No. 343 Factory St. 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) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 27 1933
7. AGE YEARS — MONTHS 2 DAYS 14 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) DeSoto Mo.

FATHER
13. NAME Ben Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

MOTHER
15. MAIDEN NAME Iola Wagner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballinger Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Ben Hill DeSoto Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem. DATE July 13, 1933
19. UNDERTAKER (ADDRESS) Donnell B. Dietrich DeSoto Mo.
20. FILED 7/13, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1933
22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1933, to July 11, 1933
I last saw him alive on July 10, 1933. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholera Infantum	7/1/33

119A 119B 158

Other contributory causes of importance: Bottle Baby carlessness in cleansing bottles

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?
If so, specify
(Signed) F. A. Elders, M. D.
(Address) DeSoto Mo.