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.

MAR 24 1934

1. PLACE OF DEATH

County Buchanan, Registration District No. 25 File No. 3998

Township Primary Registration District No. 201 Registered No. 162

City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME Forrest Hill,

(a) Residence, No. Transient Bureau, 108 N. 2nd. 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. 12 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1888

7. AGE: Years 45, Months 8, Days 26. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop
10. Date deceased last worked at this occupation (month and year) January 1934.
11. Total time (years) spent in this occupation 10

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

FATHER

13. NAME Unknown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER

15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

17. INFORMANT (ADDRESS) Frank J. Lamb 108 No. 2nd. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Feb. 10th. 1934

19. UNDERTAKER (ADDRESS) Heaton-Bergole & Bowman 319 S. 10th St. Funeral Home

20. FILED 2-10-1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1934, to Feb 8, 1934

I last saw him alive on Feb 8, 1934. Death is said to have occurred on the date stated above, at 9:40 p.m.

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

Bronchopneumonia

Date of onset

10 A

Other contributory causes of importance

10 A

Name of operation Date of

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

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) S J Freund, M. D.

(Address) Kirkpatrick Bldg