

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Grundy

Township

City Shenton

Registration District No. 328

Primary Registration District No. 3017

File No. 4645

Registered No. _____
St. _____ Ward _____

2. FULL NAME Amos Benton Hill

(a) Residence, No. _____ 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 1890

7. AGE YEARS 43 MONTHS 10 DAYS 27 If LESS than 1 day, _____ hrs. _____ min.

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) Merced Ca (STATE OR COUNTRY) Merced Ca

13. NAME John R Hill

14. BIRTHPLACE (CITY OR TOWN) Merced Ca (STATE OR COUNTRY) Merced Ca

15. MAIDEN NAME Christine Cox

16. BIRTHPLACE (CITY OR TOWN) Merced Ca (STATE OR COUNTRY) Merced Ca

17. INFORMANT (ADDRESS) Ethel Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Newtown Mo DATE 3-9 1934

19. UNDERTAKER (ADDRESS) Old H. Reed

20. FILED 2-7 1934 Irene D. Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1934 to Feb. 7 1934
I last saw him alive on Feb. 7 1934 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Accidental injury by means of a wood chisel inflicting wounds on both arms and back

Other contributory causes of importance: Amputation of right arm
Name of operation _____ Date of _____ 2-7-34
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2-7 1934
Where did injury occur? Merced Co. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home on farm - near newtown Mo
Manner of injury wood chisel came loose while running
Nature of injury lacerated & incised wounds

24. Was disease or injury in any way related to occupation of deceased?
If so, specify farmer, sawing wood for a living
(Signed) E. S. Suller, M. D.
(Address) Shenton, Mo

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.

