

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

Do not use this space.

1. PLACE OF DEATH

County Howell
Township Dry Creek
City Pomona (No.)

Registration District No. 387
Primary Registration District No. 5540

File No. 4748
Registered No.
St. Ward

2. FULL NAME

James Edward Hill
(a) Residence. No. Pomona mo 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. 15 mos. 11 ds. 10 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lula m Hill</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb-22-1900</u>				
7. AGE	YEARS <u>33</u>	MONTHS <u>11</u>	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Farming</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>own farm</u>				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) Near Mt View mo.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER James W Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jacksonport
(STATE OR COUNTRY) Arkansas

12. MAIDEN NAME OF MOTHER Lillie Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt View
(STATE OR COUNTRY) Missouri

14. INFORMANT Lillie Hill
(Address) Pomona, mo.

15. FILE NO. Feb 6 1934 Bessie L Scruggs
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-1- 1934

17. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1934 to Feb. 1, 1934 that I last saw h. live alive on Feb. 1, 1934, and that death occurred, on the date stated above, at 5:26 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
IB about 79 (duration) yrs. 1 mos. 10 ds.

Acute cerebral leptomen-
ingitis (duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & physical findings
(Signed) D. H. Coar M. D.

2-2-1934 (Address) Pomona mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mackey Cemetery

DATE OF BURIAL Feb 4 1934

20. UNDERTAKER J. R. Burns & Son

ADDRESS Willow Springs mo.

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 show CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1934

PARENTS

