

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

Do not use this space.

1. PLACE OF DEATH

County Randolph Registration District No. 733
 Township _____ Primary Registration District No. 4438
 City Huntsville (No. _____) St. _____ Ward _____

File No. 17775
 Registered No. _____

2. FULL NAME

Lewis J. Hill
 (a) Residence, No. _____ 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 <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 <u>Maggie Hill</u> (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19, 1864</u>				
7. AGE YEARS <u>70</u>	MONTHS <u>2</u>	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Traveling Salesman</u>			
	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) <u>Ohio</u>				
FATHER	13. NAME <u>Samuel H. Hill</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Mary Jordan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>			
17. INFORMANT <u>Mrs. Maggie Hill</u> (ADDRESS) <u>Huntsville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Huntsville</u> DATE <u>May 14, 1934</u>				
19. UNDERTAKER <u>Tom B. Patton</u> (ADDRESS) <u>Huntsville, Mo.</u>				
20. FILED <u>May 13th, 1934</u> <u>W. B. Bunker</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1934 to May 12, 1934
 I last saw him alive on May 11, 1934 Death is said to have occurred on the date stated above, at 10:38 m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris
 Date of onset _____

Other contributory causes of importance:
ATA

Name of operation _____ Date of _____
 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? _____ 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) G. G. May, M. D.
 (Address) Huntsville

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.

JUN 26 1934

136

2

2

2

2

