

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

Do not use this space.

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
Township.....
City..... St. Joseph, (No. 1314 No. 22nd. St. Primary Registration District No. 1001 St. Ward)

File No. 23358
Registered No. 865

2. FULL NAME

William Hill
(a) Residence, No. 1314 No. 22nd. 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 30 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Welsh Hill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1847
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 11 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) DeKalb. Mo.

FATHER
13. NAME Thomas Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Tenn.

MOTHER
15. MAIDEN NAME Margaret Norris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Mo.

17. INFORMANT Miss Margaret Hill
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeKalb Cemetery DATE July 24, 1934

19. UNDERTAKER Walter Meinhoffer
(ADDRESS) 1302 Parson St. St. Joseph, Mo.

20. FILED 7-23 1934 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933, to July 22 1934
I last saw him alive on July 20 1934. Death is said to have occurred on the date stated above, at 8:40 p. m.

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

Chronic Interstitial Nephritis Date of onset 1933

Other contributory causes of importance:

(Name of operation) Date of

What test confirmed diagnosis? renal test 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, 1934

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) E. B. McAdow, M. D.
(Address) St. Louis, 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 should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1934

