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 21 1934

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

Do not use this space.

24782

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township — Primary Registration District No. — Registered No. [illegible]

City Kansas City (No. 622 Benton Blvd. St. Ward)

2. FULL NAME Lewis Hill

(a) Residence, No. 622 Benton Blvd. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 73 Yrs of Age

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
about 73 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) No Data

FATHER

13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER

15. MAIDEN NAME No. Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Data

17. INFORMANT (ADDRESS) Mrs Lola Fahy 622 Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem DATE 7/25 1934

19. UNDERTAKER (ADDRESS) W. F. Maghey Cody

20. FILED July 24 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22nd, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from For about 2 yrs, 19, to July 22, 1934

I last saw him alive on July 22, 1934 Death is said to have occurred on the date stated above, at 245P m.

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

Epilepsy 85 87B

85

Date of onset

Other contributory causes of importance:

Convulsions

Name of operation none 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? no

If so, specify

(Signed) C. S. Newlon, M. D.

(Address) 3007 Indep. K.C. Mo.

100M-11-24-33