

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.

1159

SEP 12 1934

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

File No. 28363

Township

Primary Registration District No. 1001

Registered No. 946

City St. Joseph (No. St. Ward)

2. FULL NAME William Hill Jr.

(a) Residence, No. 1023- Faron St. Ward.

(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 Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St. Joseph, Mo.

FATHER
13. NAME William Hill Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Enid Okla.

MOTHER
15. MAIDEN NAME Louise Tolson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

17. INFORMANT William Hill Sr. (ADDRESS) 1023- Faron

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE Aug. 11 1934

19. UNDERTAKER Ramsey's Mortuary (ADDRESS) 9th. & Olive

20. FILED 8-11-1934 John P. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9 Aug. 1934, to 10 Aug. 1934. I last saw him alive on 10 Aug. 1934. Death is said to have occurred on the date stated above at 5: P. m.

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

Excessive heat
191
305
Date of onset

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? 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 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) Fay Triplett M.D. (Address) 408 Corny Bldg. St. Joseph, Mo.

