DEC 28 1935

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

Do not use this space. 18802-2

1. PLACE OF DEATH
County Wayne Co
Township St. Francis
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 890
Primary Registration District No. 4034
File No. .....
Registered No. .....

2. FULL NAME Clayton Andrew 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. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 - 34
7. AGE YEARS MONTHS 5 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

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) Wayne Co Mo.

FATHER
13. NAME [illegible]
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible] Co Mo

MOTHER
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo

17. INFORMANT (ADDRESS) Jim Hill.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Hill DATE May 23 1935
19. UNDERTAKER (ADDRESS) .....
20. FILED 5/23 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 - 1935
22. I HEREBY CERTIFY, That I attended deceased from May 22 - 1935, to May 22 - 1935
I last saw him ~~alive on~~ never saw him ..... Death is said to have occurred on the date stated above, at 11 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Entero Colitis	5-21-35

Other contributory causes of importance: .....

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? .....
If so, specify .....
(Signed) Jno F Wagner, M. D.
(Address) Greenville Mo

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.