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 12 1935

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

Do not use this space.

22227

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 784
City St Joseph (No. State Hospital for Insane #2 St. Ward)

2. FULL NAME Samuel Neil Hill
(a) Residence, No. St., Ward. Trenton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. 3 mos. 7 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1894

7. AGE — YEARS 41 — MONTHS 2 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Trenton, Mo

FATHER
13. NAME Samuel Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Jessie Peery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) State Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trenton, Mo DATE July 25 1935

19. UNDERTAKER (ADDRESS) Heaton-Bigelow-Bowman 319 So. 10th St. St Joseph Mo

20. FILED 7-23 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1927 to July 23, 1935
I last saw him alive on July 22, 1935. Death is said to have occurred on the date stated above, at 6:44 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset: June 6 33
Pulmonary Tuberculosis — Date of onset: April 16 1927

Other contributory causes of importance:
Dementia Praecox Paranoid — Date of onset: Prior April 16 1927

Name of operation — Date of
What test confirmed diagnosis? X Rays — 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) Dr Clifton Smith, M. D.
(Address) State Hosp #2 St Joseph Mo

JUN 24 1946