

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.

WHITE PAPER, WITH OUTFADING INK—THIS IS A PERMANENT RECORD

AUG 23 1935

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

Do not use this space.

25179

1. PLACE OF DEATH

County St. Louis

Registration District No. 1123

Township

Primary Registration District No. 6248B

City Jefferson Barracks

(No. Veterans Administration Facility)

File No.

Registered No. 234

St.

Ward

2. FULL NAME

HILL, Green B.

(a) Residence, No. R.R. #1, Sesser, Ill. St. Ill. Ward. Sesser, Ill.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. Wl 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

Josie Hill

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

12-26-1866

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, ... hrs.
or min.

68

6

13

OCCUPATION

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

Farmer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

On Farm for himself

10. Date deceased last worked at
this occupation (month and
year) December 1934

11. Total time (years)
spent in this
occupation Al 11

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Sesser
Illinois

MOTHER FATHER

13. NAME

Perry Hill

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

Sesser,
Illinois

15. MAIDEN NAME

Synthia House

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Douthern
North Carolina

17. INFORMANT

(ADDRESS) W. C. Gibson, Jr., D. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sesser DATE 7-8-35

19. UNDERTAKER
(ADDRESS)

Brayfield Funeral Home
Sesser Ill

20. FILED

July 8, 1935 E. Mowrey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 19 35

22. I HEREBY CERTIFY, That I attended deceased from
June 11, 19 35 to July 8, 1935, 19 35

I last saw him alive on July 8, 19 35 Death is said
to have occurred on the date stated above, at 12:35 m.

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

Cancer of stomach

Date of onset
Unkn.

Other contributory causes of importance:

None

Name of operation None
History, physical and x-ray findings,
What test confirmed diagnosis? None Was there an autopsy? No
clinical manifestations

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19 35

Where did injury occur? None

(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) W. C. Gibson, Jr., Chief Med. Officer

(Address) Adm. Facility, Jeff. Brks., Mo.

