

SEP 24 1935

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

Do not use this space.

26241

1. PLACE OF DEATH

County Harrison
Township Adams
City (No.) (No.)

Registration District No. 339
Primary Registration District No. 15479

File No.
Registered No.
St. Ward)

2. FULL NAME

Elphélet Marion Hill

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

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 Lauretta Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 - 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 4 6

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

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) 1 year ago 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wet. of Ohio

13. NAME Charles A. Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stat of Penn.

15. MAIDEN NAME Susan Trimmell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stat of Penn.

17. INFORMANT Mrs. Lauretta Hill
(ADDRESS) Adams City Mo. B. H.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves at Adams DATE Sept 2 1935

19. UNDERTAKER W.D. Hayes
(ADDRESS) Adams City Mo.

20. FILED 9/20 19 35 J. O. Schaub Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20 - 1935, to Aug 31 1935
I last saw him alive on 8 - 30 1935 Death is said

to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Infection Date of onset

Other contributory causes of importance:

Name of operation emasculation 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) J. C. Stover, M. D.
(Address) Adams City

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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