

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

Do not use this space.

JAN 13 1936

38447

1. PLACE OF DEATH

County Adair
Township
City Kirkville, Mo.

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 235
St. Ward)

2. FULL NAME

Charles Wm Hill -

(a) Residence, No. St., Ward. Lancaster, Mo.

(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15 - 1934</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>3</u>	DAYS <u>2</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Lancaster, Mo.</u>		
13. NAME <u>John Hill</u>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Lancaster Mo.</u>		
15. MAIDEN NAME <u>Lois Turner</u>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Lancaster Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. John Hill Lancaster, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>1007 Cemetery</u> DATE <u>Dec. 18 1935</u>		
19. UNDERTAKER (ADDRESS) <u>John A. Roberts Lancaster, Mo.</u>		
20. FILED <u>Dec. 19 1935</u> <u>Spencer Meeman</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1935

22. I HEREBY CERTIFY, that I attended deceased from Dec 17 1935 to Dec 17 1935
I last saw him alive on Dec 17 1935. Death is said to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:
Bronchitis pneumonia Date of onset
1935
Other contributory causes of importance
Intestinal colic

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 John H. Deady, D. O., M.D.
(Signed) John H. Deady, D. O., M.D.
(Address) Fishersville, 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.

