

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

Do not use this space.

40370

1. PLACE OF DEATH *Monique 7-1936*
County *Monique*
Township *Pleasant Grove*
City *Monique*

Registration District No. *577*
Primary Registration District No. *5275*

File No. _____
Registered No. *11*
St. _____ Ward _____

2. FULL NAME *Gilbert Newton 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 *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Rebecca Hill*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 15 - 1855*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 *28*
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.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

OCCUPATION

MOTHER FATHER

17. INFORMANT (ADDRESS) *California mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Flag Spring* DATE *12/15* 19*36*

19. UNDERTAKER (ADDRESS) *Holladay & Friedmeyer California mo*

20. FILED *1-9* 1936 *Matilda Robertson* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec-13-1936*

22. I HEREBY CERTIFY, That I attended deceased from *Nov-25-* 19*35* to *Dec-13-* 19*36*

I last saw him alive on *December* 19*36* Death is said to have occurred on the date stated above, at *5.30 a* m.

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

chole Cystitis
Hepatitis

Date of onset

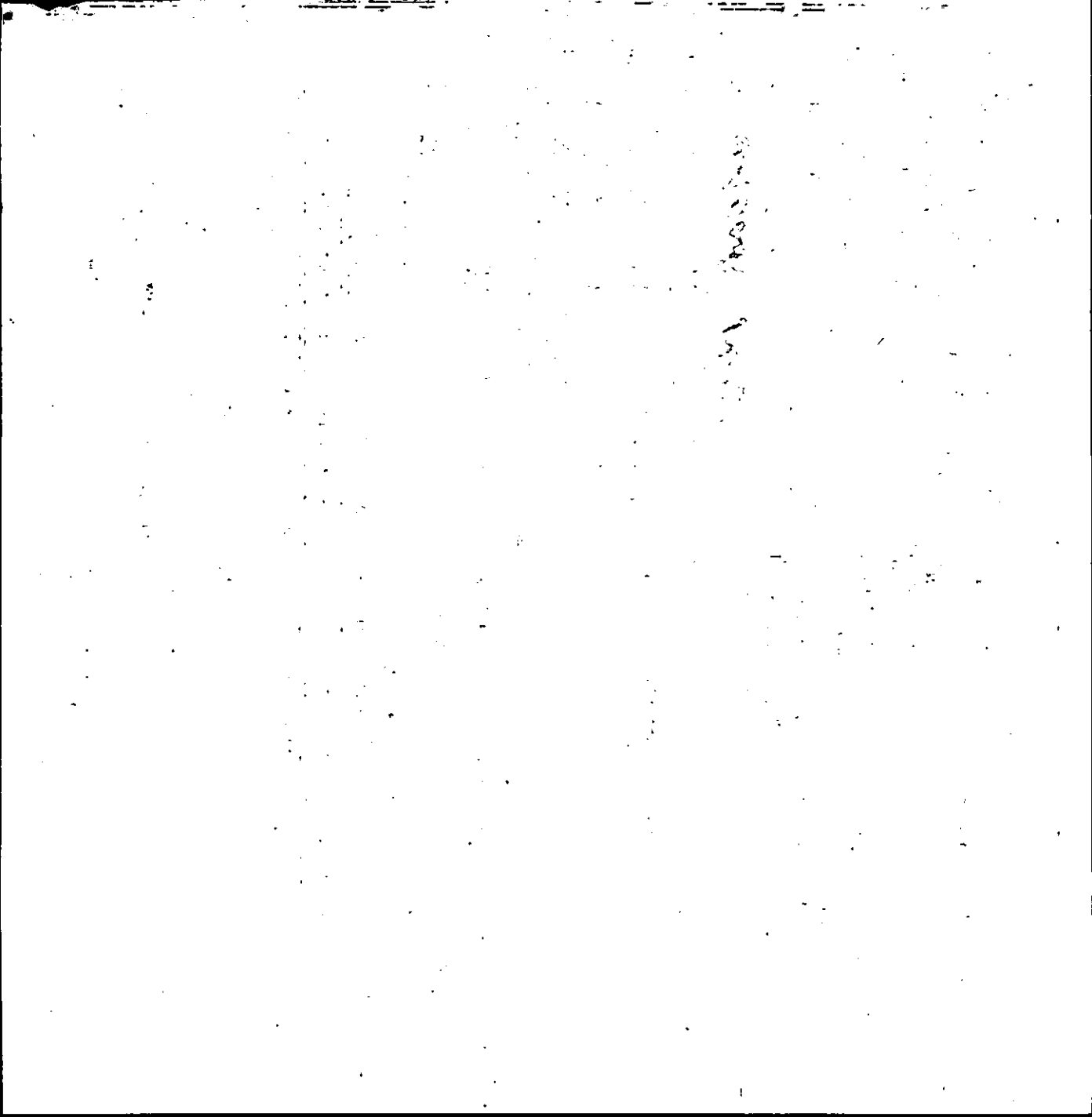
Other contributory causes of importance

Name of operation _____ 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) *Lawton M. Gray* M. D.
(Address) *California mo*



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ALL INFORMATION CALLED
FOR MUST BE HANDLED ON
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Moniteau

Registration District No. 377

Township Bellevue

Primary Registration District No. 3775

City (No.)

St. Ward

2. FULL NAME

Gilbert Newton 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. 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) WIDOWED

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

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

7. AGE YEARS 80 MONTHS 28 DAYS 28 IF LESS than 1 day, hrs. min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 1-9 1936 Matilda Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1935

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw h. alive on , 19. Death is said

to have occurred on the date stated above, at m.

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

Cholecystitis
Hepatitis

No evidence of stones

Date of onset

Other contributory causes of importance:

Name of operation 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) Laurel M. Gray, M. D.

(Address) California

5-40370