

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

Do not use this space.

1. PLACE OF DEATH **MAR 21 1936**

County Jackson
Township Kearney
City Kansas City Mo. (No. 2120 E. 7th St.)

Registration District No. 399
Primary Registration District No. 100

File No. 1668 I
Registered No. 6588
St. _____ Ward _____

2. FULL NAME Laura E. Hill
(a) Residence, No. 2120 East Seventh St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (Name of) WIFE OF <u>John A. Hill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25-1869-</u>		
7. AGE <u>66</u> YEARS	MONTHS <u>Eight</u>	DAYS <u>Two</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	11. Total time (years) spent in this occupation _____	
10. Date deceased last worked at this occupation (month and year) <u>Jan-12-1936</u>		

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

13. NAME Casler

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Unknown

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Feb. 10-36,

19. UNDERTAKER (ADDRESS) C. H. Blackburn & Son Inc. 2825 Ind. Bldg. Bld. N.C. Mo.

20. FILED 7/10 1936 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-27th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1926, to Jan 26, 1926
I last saw him alive on Jan 25, 1936 Death is said to have occurred on the date stated above, at 5:45 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Acquired 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) John M. Langsdale, M. D.
(Address) 1128 W. East Ave.

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.

