

MAR 21 1936

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

Do not use this space.

6228

1. PLACE OF DEATH:

County Jackson

Registration District No. 399

Township Raw

Primary Registration District No. 1002

City Kansas City

(No. Meier Hospital)

File No. _____

Registered No. 1051

St. _____

Ward _____

2. FULL NAME Harry Dean Hill

(a) Residence, No. 3240 Elba

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. 1

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)

single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-4-1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than day, hrs. or min.

7

8

21

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

School-Boy

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)

Kansas City
Kansas

13. NAME

Robert Hill

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

Lawrence
Kansas

15. MAIDEN NAME

Martha James

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

Mo

17. INFORMANT (ADDRESS)

Robert Hill
3240 Elba, N. C. Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Municipal Park

DATE 2-27

1936

19. UNDERTAKER (ADDRESS)

Henry & Son
N. C. City

20. FILED

27 27 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 19____

I last saw him alive on _____, 19____ Death is said

to have occurred on the date stated above, at 5:15 a. m.

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

Myocardial Infarction 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) _____

M. D.

(Address) _____

