

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

Do not use this space.

APR 23 1936

11015  
1691

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Law Primary Registration District No. \_\_\_\_\_  
City Kansas City, Mo (No. 2112 E 35<sup>th</sup> St) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME Mrs Josephine Hill

(a) Residence, No. 2112 E 35<sup>th</sup> St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. < mos. < ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 27-1856  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 79 3 - -  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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 \_\_\_\_\_

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingston Missouri  
13. NAME William Fuggitt  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Tenn  
15. MAIDEN NAME Margaret Alexander  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Kentucky

17. INFORMANT Kate McRay  
(ADDRESS) 2112 E 35<sup>th</sup> St  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Kingston, Mo DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER F. Cramer Clark  
(ADDRESS) Kingston, Missouri

20. FILED 3-28-36 M M Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27 1936  
22. I HEREBY CERTIFY, That I attended deceased from 3/4 1936 to 3/27 1936  
I last saw her alive on 3/27 1936 Death is said to have occurred on the date stated above, at 11:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 3/27/36  
92 201

Other contributory causes of importance:  
Cerebral Hemorrhage

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) D R Russell M. D.  
(Address) 3231 E. 11<sup>th</sup> St. K.C., 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.

