APR 23 1936

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

Do not use this space.

12000

File No.
Registered No. 8

1. PLACE OF DEATH
County: Pulaski
Township: Gasconade
City: Richland (No. St. Ward)
Registration District No. 712
Primary Registration District No. 5941

2. FULL NAME: John William 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Hill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26 1870
7. AGE: Years 66 Months 0 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
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): 1-2-36
11. Total time (years) spent in this occupation: 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richland Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Sarah Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville Kentucky

17. INFORMANT (ADDRESS): Mary Hill Waynesville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Swan DATE: 3/31 1936
19. UNDERTAKER (ADDRESS): R B Deeping Richland Mo
20. FILED: 3 30 1936 Everett A. Oliver Registrar.

MEDICAL CERTIFICATE OF DEATH

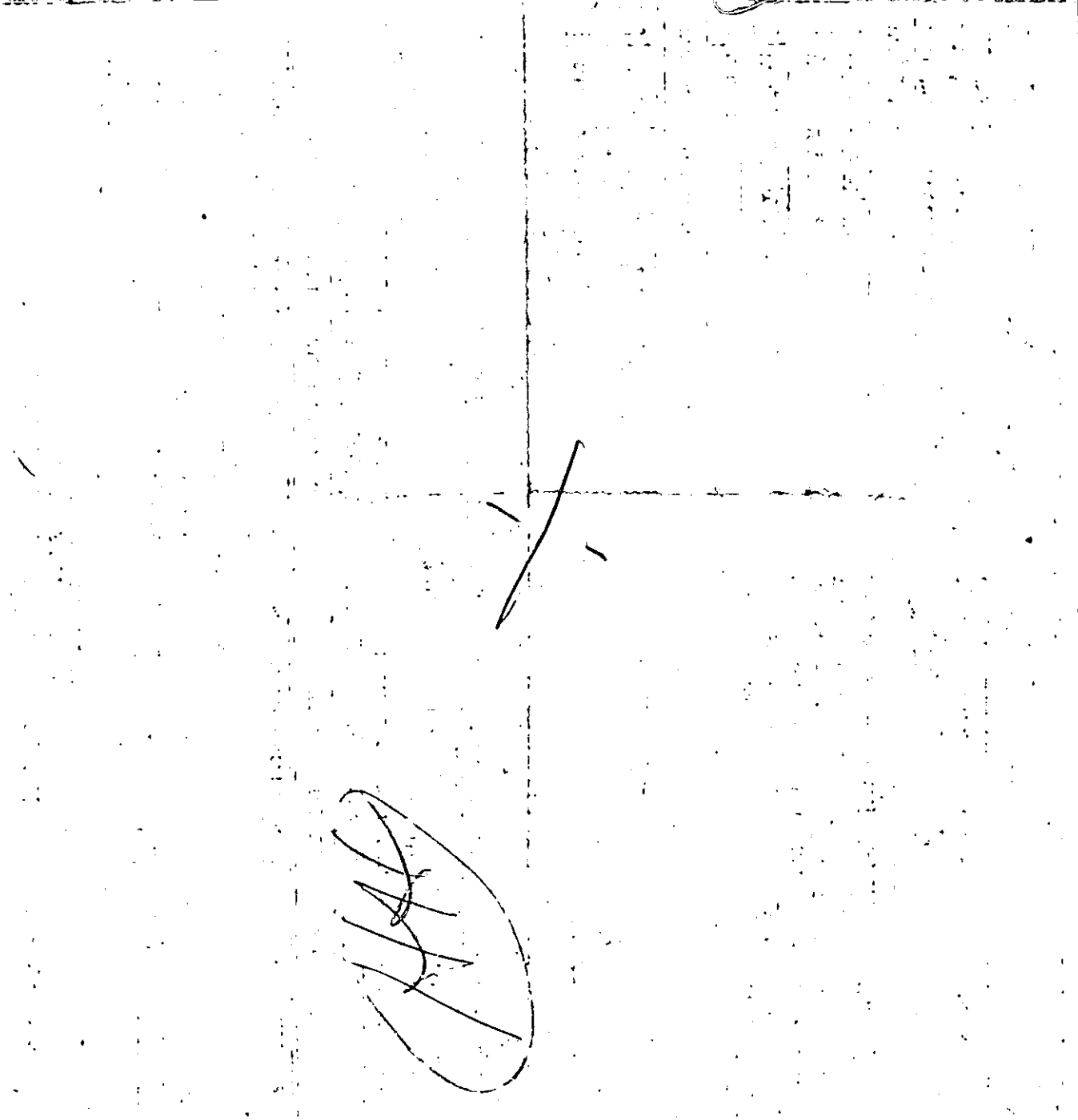
21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1936 to 3-30 1936
I last saw him alive on 3-29 1936. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia right lung	

Other contributory causes of importance: Pleurisy, Fall from Wagon

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 12-16 1936
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: Falling off Wagon
Nature of injury: Broken Hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. Fowler M. D.
(Address) Richland Mo