

MAY 22 1936

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

Do not use this space.

15894

1. PLACE OF DEATH

County Lincoln  
Township Clark  
City Moscow Mills Mo. (No. ....)

Registration District No. 491  
Primary Registration District No. 5656

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME David Lewis 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 Amelia Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75 yrs. 6 9

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. Farm.

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) Lincoln County.

13. NAME Rufus Hill

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

15. MAIDEN NAME Margaret Pollard

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

17. INFORMANT (ADDRESS) Lena Bidleman  
Moscow Mills Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial  
PLACE Moscow Mill Sanders Comotary DATE Apr-27 1936

19. UNDERTAKER (ADDRESS) Kemper Bros  
Troy Mo.

20. FILED April 26 1936 Mrs Pearl Mueck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1935, to April 25, 1936  
I last saw him alive on April 25, 1936 Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Chronic Myocarditis

Date of onset

59

Other contributory causes of importance:

Diabetes mellitus  
old age

Name of operation ..... Date of .....  
What test confirmed diagnosis? Examination of heart Was there infection? no

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? no

If so, specify. .... (Signed) Dr J J Callahan, M. D.

(Address) Winfield, 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.

