

MAY 22 1936

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

Do not use this space.

16081

1. PLACE OF DEATH

County MontanaRegistration District No. 571Township WicksPrimary Registration District No. 3769City Wicks(No. 1)File No. 29Registered No. 29St. Wicks Ward 1

2. FULL NAME

(a) Residence. No. Henry Clay Hill St. Wicks Ward 1

(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16, 1868

7. AGE

YEARS >>MONTHS 5DAYS 14

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Montana Co.

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

James Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Hallford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

Mrs. A. P. Hill

(Address)

California Mo R#1

15.

FILED

4-28-36J. H. Poppey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-26-1936

17.

I HEREBY CERTIFY That I attended deceased from

that I last saw him alive on 1936, 19 1936, and that death occurred, on the date stated above, at Wicks.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Chronic valvular heart-trouble Cause unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

County farm

DID AN OPERATION PRECEDE DEATH

noDATE OF —

WAS THERE AN AUTOPSY

no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. Poppey M. D., 19 1936 (Address) California Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Flag SpringsApril 27 1936

20. UNDERTAKER

ADDRESS

J. H. PoppeyCalifornia 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.

