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.

JUN 26 1936

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

Do not use this space.

21568

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248B — Registered No. 189
City Jefferson Barracks (No. Mo U.S. Veterans Hospt. St. Ward)

2. FULL NAME Hill, adolph.
(a) Residence, No. 5090 Kensington St., St. Louis 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 Bertha Madelini Hill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1895
7. AGE YEARS 40. MONTHS 7 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
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) Reynolds County Mo.

FATHER
13. NAME Thomas A. Hill.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County Mo.

MOTHER
15. MAIDEN NAME Hester Ann Brawley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County Mo.

17. INFORMANT (ADDRESS) Wife 5090 Kensington
18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem DATE May 19 1936
19. UNDERTAKER (ADDRESS) C. Hoffmeister U.T. Co. 7814 S. Broadway
20. FILED May 19 1936 G. Mowry Registrar. Per JB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to May 16, 1936.
I last saw him alive on May 16, 1936. Death is said to have occurred on the date stated above, at 1:35 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer c̄ peritonitis.	

Other contributory causes of importance

Name of operation Laparotomy Date of 5/11/36
What test confirmed diagnosis? Was there an autopsy? Yes

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 no.
(Signed) C. W. Hughes, M. D. chief medical officer
(Address) Jefferson Barracks Mo