

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

Do not use this space.

AUG 21 1936

27004

1. PLACE OF DEATH

County *Jasper*
 Township *Preston*
 City.....No.....St.....Ward.....

Registration District No. *410*
 Primary Registration District No. *5566*

File No.....
 Registered No. *16*

2. FULL NAME

Edwin Johnson Hillie

(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) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Laura Hillie*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 27 1853*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 6 19

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

13. NAME *Jacob Hillie*

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

15. MAIDEN NAME *Jane Johnson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

17. INFORMANT *Mrs Virginia Coudy* (ADDRESS) *Jasper Mo*

18. BURIAL, CREMATION OR REMOVAL PLACE *Park Cem* DATE *July 20 1936*

19. UNDERTAKER *Veeter Bros* (ADDRESS) *Jasper Mo*

20. FILED *7-18 1936* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/16 1936*

22. I HEREBY CERTIFY, That I attended deceased from *7/15 1936*, to *7/16 1936*
 I last saw him alive on *7/15 1936* Death is said to have occurred on the date stated above, at *7 a. m.*
 The principal cause of death and related causes of importance were as follows:

Heat Stroke
Cardiac Debility

Other contributory causes of importance:

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? *No*
 If so, specify
 (Signed) *V. H. Hendricks*, M. D.
 (Address) *Jasper, Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

