

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.

OCT 21 1936

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

Do not use this space.

34259

1. PLACE OF DEATH

County HenryRegistration District No. 347Township ClintonPrimary Registration District No. 3018City Clinton

(No.)

St.

Ward)

2. FULL NAME

Arthur Benjamin Hill(a) Residence, No. Clinton Mo. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mable Hill6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>3</u>	<u>12</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Merchant</u>
	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	<u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Missouri13. NAME Wm Hill14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Mo.15. MAIDEN NAME Susan Wither16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co.17. INFORMANT (ADDRESS) Charley Hill Lee Summit18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill, Sedalia DATE 9-13 193619. UNDERTAKER (ADDRESS) Fred Wilkinson Clinton Mo.20. FILED 9-14 1936 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12 193622. I HEREBY CERTIFY, That I attended deceased from 9-11 1936, to 9-12 1936I last saw him alive on 9-12 1936. Death is saidto have occurred on the date stated above, at 9:30 A. m.

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

Acute myocarditis Date of onset 9-9-36930

Other contributory causes of importance:

nutritional structure of infected prostate 1935

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?

If so, specify

(Signed) J. R. Hampton M. D.(Address) Clinton Mo

