

DEC 4 1936

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

Do not use this space.

38731

1. PLACE OF DEATH

County PutnamRegistration District No. 718Township JacksonPrimary Registration District No. 3-949City Unionville (No.)File No. Registered No. 39St. Ward 2. FULL NAME Henry Allen 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. da.

How long in U. S., if of foreign birth?

yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (Write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Lelia M. Hill6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-14-1863

7. AGE

YEARS 73MONTHS 4DAYS 12If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer9. 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) West Virginia

FATHER

13. NAME Frank Hill14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Harriet Morrison16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) West Virginia17. INFORMANT W. K. Hill(ADDRESS) Unionville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE UnionvilleDATE Oct 27193619. UNDERTAKER W. H. Foster & Sons(ADDRESS) Unionville Mo.20. FILED Oct 28 1936H. W. Hillman

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 193622. I HEREBY CERTIFY, That I attended deceased from
Apr 8, 1936, to Oct 26, 1936I last saw him alive on Oct 20, 1936 Death is saidto have occurred on the date stated above, at 12:00 m.

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

Date of onset

Cerebral Stenosis1939

Other contributory causes of importance:

Cholera enteritis10/16/36Name 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.

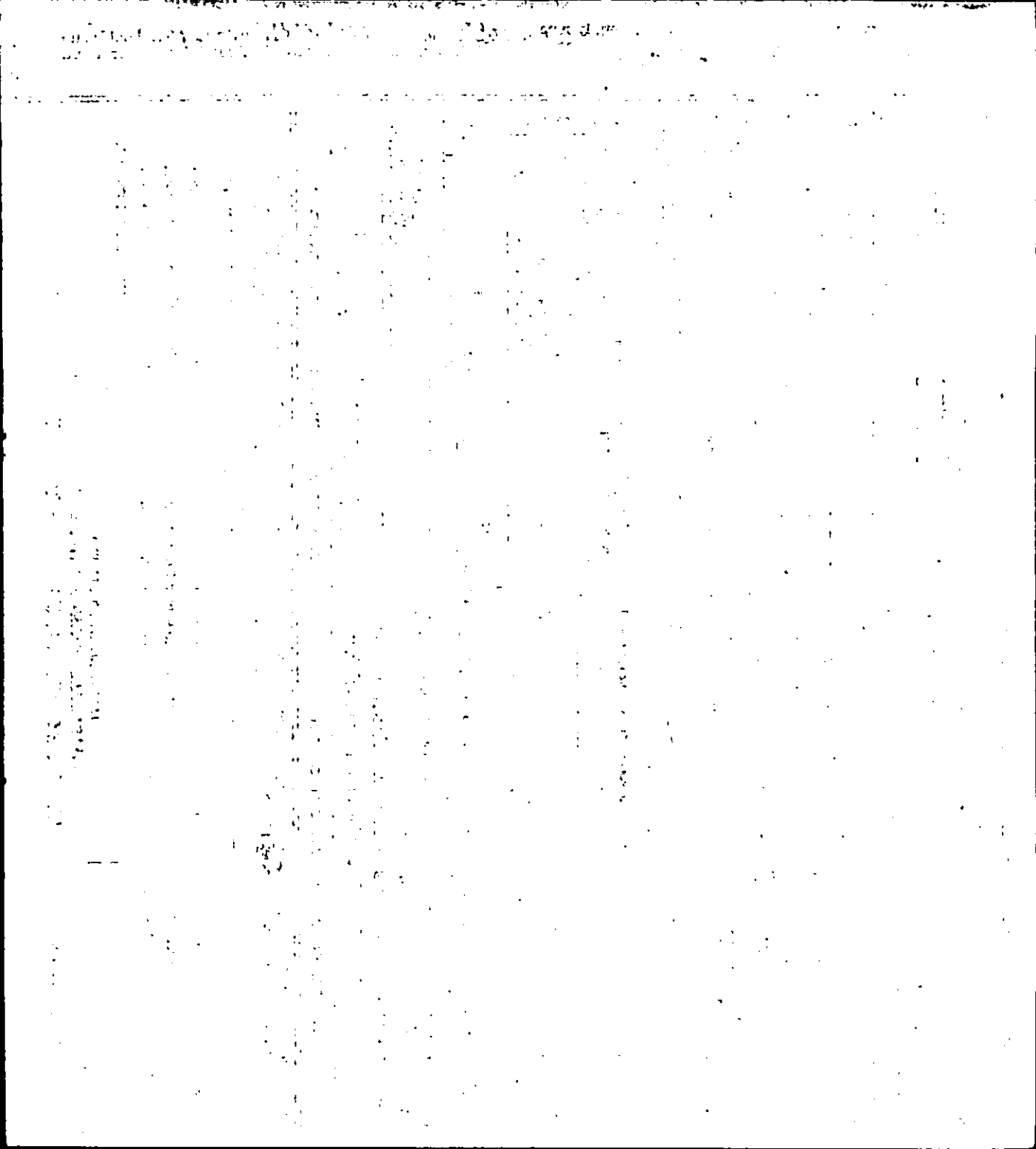
Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) W. H. Foster

M. D.

(Address) Unionville



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.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

County Putnam
Township Jackson
City Unionville (No.)

Registration District No. 218
Primary Registration District No. 3949

File No.
Registered No. 39 St. Ward

2. FULL NAME

Henry Allen Hill
(a) Residence, No. St. Ward.
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS 73 MONTHS 4 DAYS 12 If LESS than 1 day, ... hrs. of min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED OCT 28 1936 H. W. Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

Cerebral Sclerosis
arterio
Date of onset

Other contributory causes of importance:

Gastro Enteritis

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. Neal Martin M. D.

(Address) Unionville

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