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.

JAN 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County Reynolds — Registration District No. 746 — File No. 42286
Township ~~Carroll~~ — Primary Registration District No. 4447 — Registered No.
City Centerville (No. , St. Ward)

2. FULL NAME James Allen Hill
(a) Residence, No. Centerville Mo St., Ward. (If nonresident, give city or town and State)
(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~~) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16-1857

7. AGE 79 YEARS — MONTHS 7 — DAYS X — If LESS than 1 day, hrs. or min.

OCCUPATION
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. Farmer
10. Date deceased last worked at this occupation (month and year) Jan. 1-1934
11. Total time (years) spent in this occupation 75

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co. Mo

FATHER
13. NAME Iziah Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Eliza Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Leslie Hill ~~Ky.~~

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Centerville DATE Nov. 18 1936

19. UNDERTAKER (ADDRESS) N. R. White & Son, Ironton, Mo.

20. FILED Nov-18 1936 Mrs. C. E. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Nov. 15, 1936
I last saw him alive on About Sept. 1, 1936. 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:
Aortic Insufficency — Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) C. M. Fitzpatrick, M. D.
(Address) Lesterville, Mo