

FEB 23 1937

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

Do not use this space.

47498

1. PLACE OF DEATH  
113 County North  
Township Allen  
City Denver (No. 1)

Registration District No. 905  
Primary Registration District No. 6216

File No. 2  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Andrew J. Hill  
(a) Residence, No. Wesley 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. (If nonresident, give city or town and State)

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 Mate G. Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 8 28

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) Merces County, Mo.

13. NAME Daniel Hill

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

15. MAIDEN NAME Anna Broyles

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conserton, Mo.

17. INFORMANT J. P. Bran (ADDRESS) Denver, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Charlie Chapel DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER Bran Bros. (ADDRESS) Denver, Mo.

20. FILED Feb. 9 1937 A. L. Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to Dec 31, 1936  
I last saw him alive on Dec 31, 1936 Death is said to have occurred on the date stated above, at 8:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Glomerulonephritis Date of onset ?  
Chronic enteritis  
Prostatectomy

Other contributory causes of importance:  
Chronic enteritis  
Prostatectomy

Name of operation \_\_\_\_\_ Date of 1934  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. H. Hailley D.D.  
(Address) Denver 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.

MARGIN RESERVED FOR BINDING

100M-2-28-35

