

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Marion Registration District No. 547 File No. 12608
 Township Mason Primary Registration District No. 3009 Registered No. 106
 City Hannibal (No. Levering Hospital) St. 6 Ward

2. FULL NAME

Andrew Jackson Hill
 (a) Residence, No. Marion Hotel St. 3 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

 Length of residence in city or town where death occurred 3 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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maud Harrison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12-1884</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>—</u>
	DAYS <u>13</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>Man. Hotel</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Marion Hotel</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Palmyra Mo.</u>		
FATHER	13. NAME <u>William Hill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u>	
MOTHER	15. MAIDEN NAME <u>Mary Foster</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u>	
17. INFORMANT (ADDRESS) <u>Maud Hill, Hannibal Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dunsmuir Hill</u>	DATE <u>3/26</u>	1937
19. UNDERTAKER (ADDRESS) <u>Ray L. Belmont, Hannibal Mo.</u>		
20. FILED <u>Mar 26 1937 J. C. Fisher</u>	Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 18 Mar, 1937, to Mar 25, 1937

I last saw him alive on Mar 25, 1937. Death is said to have occurred on the date stated above, at 1 P.M.

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

Chronic Nephritis

Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____

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?
 If so, specify _____
 (Signed) A. J. Hill, M. D.
 (Address) Hannibal Mo.

JUL 26 1948