

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County Pettis Registration District No. 665 File No. 17205
Township Houstonia Primary Registration District No. 4398 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William Hill

(a) Residence, No. Houstonia 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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1874

7. AGE YEARS 62 MONTHS 7 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on Farm

10. Date deceased last worked at this occupation (month and year) Nov 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn

13. NAME Ben Hill

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

15. MAIDEN NAME Etiga Williams

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

17. INFORMANT Maggie Hill (ADDRESS) Houstonia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE April 7 1937

19. UNDERTAKER W. C. Westcott (ADDRESS) Houstonia Mo

20. FILED Apr 5 1937 Mrs. J. B. Kloss Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1937 to Apr 2 1937

I last saw him alive on Apr 1 1937. Death is said to have occurred on the date stated above, at 6 a.m.

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

Coronic Edema Date of onset _____
15
Other contributory causes of importance: Alcoholic

Name of operation _____ Date of _____
What test confirmed diagnosis? X Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury _____, 19____

Where did injury occur? X (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? Yes
If so, specify _____

(Signed) C. L. Parkhurst M. D.
(Address) Houstonia, Mo.

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.

