

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

Do not use this space.

JUN 12 1937

19180

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 City Manassas City (No. Trinity Lutheran Hospital St. _____ Ward _____)

2. FULL NAME Mr. Dewey Hill
 (a) Residence, No. 6028 Bark St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 4 17

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clas. & Brown Printing Co.

10. Date deceased last worked at this occupation (month and year) 3 weeks 11. Total time (years) spent in this occupation 24 yrs

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1937

22. I HEREBY CERTIFY That I attended deceased from May 23, 1937, to May 24, 1937
 I last saw him alive on May 24, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Acute (ruptured) appendicitis
121
 Date of onset 5-1-37

Other contributory causes of importance:

General (diffuse) peritonitis

Name of operation Drainage of abdomen Date of 5-3-37
 What test confirmed diagnosis Lab. & X-ray Was there an autopsy? Yes

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 Gen. A. Koberg, M. D.
 (Signed) _____ (Address) 618 Professional Bldg
H. C. Hill

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maize Kansas

13. NAME Benjamin E. Hill

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

15. MAIDEN NAME Maisy Chamberlain

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

17. INFORMANT Ward Hill (ADDRESS) 3813 N. 27th St. Kansas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Moriah DATE May 26 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomb - Low
B. C. Pined

20. FILED May 16 1937 M. M. Brown Registrar.

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.

MOTHER FATHER 3 3 3

