

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

AUG 19 1937

1. PLACE OF DEATH

County

Carroll

Registration District No.

135

File No.

26907

Township

Primary Registration District No.

3010

Registered No.

66

City

Carrollton

No.

108 North Jefferson St.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Harry Lee Hill

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

45 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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Grace Caroline Hill Jackson

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

July 8, 1892

7. AGE

YEARS

45

MONTHS

0

DAYS

21

If LESS than 1 day, hrs. or min.

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.

Electrician

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)

Nebraska

13. NAME

Leo Hill

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

Dort, Iowa

15. MAIDEN NAME

Atha Shepard

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

Dort, Iowa

17. INFORMANT (ADDRESS)

Mrs. Grace Caroline Hill Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Marys

DATE

July 31, 1937

19. UNDERTAKER (ADDRESS)

Willie's Mortuary Carrollton, Missouri

20. FILED

7-30, 1937

J. H. Haskin Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 29, 1937

22. I HEREBY CERTIFY that I attended deceased from

July 20, 1937, to July 29, 1937

I last saw him alive on July 29, 1937. Death is said

to have occurred on the date stated above, at 5:50 p.m.

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

Fracture 5th Cervical vertebra, with paralysis of motor body of lower legs. Chest.

Date of onset

Other contributory causes of importance:

Name of operation Laminectomy Date of operation August 1, 1937

What test confirmed diagnosis? 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 August 1, 1937

Where did injury occur at Arkansas

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accident

Nature of injury Fracture 5th Cervical vertebra

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

R. L. Cook

M. D.

(Address)

Carrollton, 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.

210th

JUL 14 1945

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

Do not use this space.

1. PLACE OF DEATH

County Carroll

Registration District No. 135

File No. 26907

Township Carrollton

Primary Registration District No. 3010

Registered No. 66

City Carrollton (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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) m

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

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

7. AGE YEARS 45 MONTHS 0 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED 9-16-37 Jeth Haskin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. 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:

Fracture 3rd cervical vertebra, with paralysis entire body Date of onset _____

Other contributory causes of importance:

Deceased was passenger in car at the time of accident

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 automobile accident

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) R. F. Cook _____, M. D.

(Address) Carrollton Mo

SUPPLEMENTAL

S-26967