

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

Do not use this space.

**AUG 30 1937**

**1. PLACE OF DEATH**

County..... Ray  
Township..... Richmond  
City..... (No. ....) St. .... Ward)

Registration District No. 244577B  
Primary Registration District No. 0036

File No. 28183  
Registered No. 64

**2. FULL NAME**

James Hill

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 11 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>72</u>	<u>7</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Ray mo  
(STATE OR COUNTRY)

13. NAME Eliza Hill

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

15. MAIDEN NAME Ellen Richard

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

17. INFORMANT Frank Hill  
(ADDRESS) Rayville mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Union DATE July 22, 1937

19. UNDERTAKER J. C. Broadbent  
(ADDRESS) Rayville mo

20. FILED 8/4 1937 Marys. McDonald  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1937 to July 21, 1937

I last saw him alive on July 21, 1937 Death is said to have occurred on the date stated above, at 4A m.

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

Carcinoma of stomach Date of onset Jan '37  
46

Other contributory causes of importance: Chronic myocarditis

Name of operation None Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 19.....  
Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury E 1  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Dr. E. G. Keenan  
(Address) Richmond, Mo.

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.

