

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Mo. St. John's Hospital Primary Registration District No. 2001 File No. 37653
City Springfield Mo. St. John's Hospital St. 965 Registered No. 965 (Ward)

2. FULL NAME

(a) Residence, No. Brighton Mo. St. Ward. Brighton Mo
(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

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 Ethel Hillbuck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1859

7. AGE YEARS 78 MONTHS 8 DAYS 19 If LESS than 1 day, hrs. or min.

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

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

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) Warsaw Missouri

13. NAME Washington Hillbuck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Tenn Mo

15. MAIDEN NAME Julia Ramsey

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

17. INFORMANT Mrs. Ethel Hillbuck (ADDRESS) Brighton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Oct 7 - 1937

19. UNDERTAKER Alma Johnson (ADDRESS) Springfield Mo

20. FILED Oct 7 - 1937 Chas. George Hill Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1937, to Oct 5, 1937

I last saw h. i. m. alive on Oct 4, 1935. Death is said to have occurred on the date stated above, at 5a, m.

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

Other contributory causes of importance: myocarditis - chronic

Name of operation none Date of 9/30

What test confirmed diagnosis? Examination Where 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 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) T. S. Tarrall, M. D.

(Address) Springfield Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If child, state month and year.

OCCUPATION

MOTHER FATHER

1765