

NOV 17 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

37698

## 1. PLACE OF DEATH

County GreenRegistration District No. 318File No. 1021Township GreenPrimary Registration District No. 2001Registered No. 1021City Springfield Mo(No. Springfield Baptist Hospital)St. Mo Ward 

## 2. FULL NAME

Hayden Lewis Hill(a) Residence, No. 1021St. MoWard. 1021

(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

## 4. COLOR OR RACE

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

malewhitemarried

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

Pauline Hill

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

Oct 17, 1904

## 7. AGE

## YEARS

## MONTHS

## DAYS

If LESS than 1 day, ..... hrs. or ..... min.

✓3305

OCCUPATION

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

trimmer

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

114 years

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MX Grove Mo

FATHER

## 13. NAME

Anthony Benton Hill

MOTHER

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

MI-Grove Mo

## 15. MAIDEN NAME

Thompson Miss Sarah

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

MI-Grove Mo

## 17. INFORMANT (ADDRESS)

Mrs Pauline Hill  
1021

## 18. BURIAL, CREMATION, OR REMOVAL

## PLACE

MI-Grove

## DATE

10-23

## 19. UNDERTAKER (ADDRESS)

Benton Hill  
1021

## 20. FILE

Oct 23 1937  
Chas A. George  
Registrar

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

Oct. 22, 193722. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1937, to Oct 22, 1937I last saw him alive on Oct 21, 1937. Death is said to have occurred on the date stated above, at 5:40 AM.

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

Appendicitis - ruptured with peritonitisDate of onset 10/2/37

## Other contributory causes of importance:

Right lower lobar pneumonia - post-operative10/20/37Name of operation Appendectomy Date of 10/17/37What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19noWhere did injury occur? no

(Specify city or town, county, and State)

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

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) Sumner B. Hall, M. D.(Address) 500 Holland Bldg  
Springfield, Mo.

