

NOV 20 1937

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

38352
Do not use this space.

1. PLACE OF DEATH
(a) County NEWTON Registration District No. 609
(b) Township NEOSHO Primary Registration District No. 4363
(c) City NEOSHO (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME ALBERT HILLIS
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Etta Hillis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26, 1861
7. AGE YEARS 76 MONTHS _____ DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. INSURANCE SALES MAN
10. Date deceased last worked at this occupation (month and year) _____ spent in this occupation 15

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29 1937

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

I last saw him _____ 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:

Cause unknown. Probable Organic Heart attack Date of onset _____

Other contributory causes of importance: _____

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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 4If so, specify _____ (Signed) Calvin Thompson M. D.(Address) Neosho Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA
13. NAME Robert Hillis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
17. INFORMANT (ADDRESS) Mrs Etta Hillis
Neosho Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE L.H.D. Cemetery DATE 10-31 1937
19. FUNERAL DIRECTOR (ADDRESS) BIGHAM'S
Neosho Mo
20. FILED 11-1 1937 Onalaska
Local Registrar.

STATEMENT BY LICENSED EMBALMER

I, J. B. Bushman

Licensed Embalmer No. 2689

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. B. Bushman

L. E.

No. 2689 or by

Registered Apprentice No.

working under my personal supervision.

Signed J. B. Bushman

Licensed Embalmer No. 2689

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)