DEC 15 1937

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

Do not use this space.

40923

File No.
Registered No.

1. PLACE OF DEATH

County: Carter — Registration District No. 143
Township: Carter — Primary Registration District No. 5-205
City: Van Buren — (No. , St. Ward)

2. FULL NAME Lawrence Burton Hill

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m	W	~~Widowed~~

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	-	4	1	

OCCUPATION

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) Van Buren, (STATE OR COUNTRY) Missouri

FATHER

13. NAME Juster Hill
14. BIRTHPLACE (CITY OR TOWN) Carter Co. (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Bessie L. Keathly
16. BIRTHPLACE (CITY OR TOWN) Carter Co. (STATE OR COUNTRY)

17. INFORMANT Juster Hill (ADDRESS) Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Van Buren, Mo. DATE Nov. 11, 1937

19. UNDERTAKER Crov Funeral Service (ADDRESS) Van Buren, Mo.

20. FILED 11/11/ 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1937, to Nov. 10, 1937
I last saw him alive on Nov 10, 1937. Death is said to have occurred on the date stated above, at 5:30 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	11-5-37

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Other contributory causes of importance:
Bottle fed and non-resistance to disease

Name of operation 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? 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?
If so, specify
(Signed) Wm. H. Burton, M. D.
(Address) Van Buren, 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.