

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

Do not use this space.

DEC 20 1937

41617

1. PLACE OF DEATH

County Gasper
Township Maple
City Groves

Registration District No. 411
Primary Registration District No. 5569

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R. 3 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3, 1863

7. AGE YEARS 74 MONTHS 6 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) (STATE OR COUNTRY) Florida

MOTHER FATHER 13. NAME Chas Hill

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

15. MAIDEN NAME Moreland

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

17. INFORMANT Simon Hill (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Interred DATE 11-3-37

19. UNDERTAKER Wm. Hill (ADDRESS) _____

20. FILED 11-2-37 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1937

22. 6/11 HEREBY CERTIFY, That attended deceased from 37 to 10/1 1937 to 1937

I last saw h. i. m. alive on Sept. 8, 1937 Death is said to have occurred on the date stated above, at 5:45 P.

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

CHRONIC MYOCARDITIS
CARCINOMA (Abdomin)
BORN 2° LEFT SHOULDER
ARM

Other contributory causes of importance:

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? Accident Date of injury Oct 11, 1937

Where did injury occur? Home Gasper Co. Mo. (Specify city or town, county, and State)

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

Manner of injury pulled lamp out, fell
Nature of injury Burns about 8 X 4 left shoulder & arm

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

If so, specify (Signed) Dr. H. Black M. D.

(Address) 712 E. Bldg. Jasper, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Primary Registration District No. 5569 Registered No.
 (c) City Joplin (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 Robert M. Hill

(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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

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

7. AGE YEARS 74 MONTHS 6 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 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.
 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 11-2 1938 Ed W. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1937

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

I last saw h... alive on, 19... Death is said to have occurred on the date stated above, at

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

Chronic Myocarditis
Cardioma (abdomin)

Date of onset

Other contributory causes of importance:
Burn 2° left shoulder and arm

Name of operation 18 Date of

What test confirmed diagnosis?

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

Accident, suicide, or homicide Accident Date of injury Oct 15 1937

Where did injury occur? Home - Jasper Co. Mo. (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury Pulled ligaments led
caused about 8" x 4" left shoulder & arm.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. H. Blaise M. D.

(Address) Graves Bldg Joplin

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETED AS PRESCRIBED BY LAW. REGISTRY SHALL BE PROPERTY CLASSIFIED. Exact statement of OCCUPATION is very important.

