

WRITE PLAINLY WITH NON-FADING INK---THIS IS A PERMANENT RECORD

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.

DEC 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Wayne

Registration District No. 892

File No. 42776

Township Williams

Primary Registration District No. 6193

Registered No. 21

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Green P. Hillis, Williams Township, _____ Ward.

(Usual place of abode) 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Eliza Hillis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 1856

7. AGE YEARS 81 MONTHS 11 DAYS 20 IF LESS than 1 day, _____ hrs. or _____ min.

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

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. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Mo.

13. NAME Alup Hillis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co. Mo.

15. MAIDEN NAME Catherine Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co. Mo.

17. INFORMANT (ADDRESS) Melvin P. Hillis Williamsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Hill Cem DATE Nov. 1, 1937

19. UNDERTAKER (ADDRESS) none

20. FILED Oct. 30, 1937 Mr. Hattie McPhee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1937

22. I HEREBY CERTIFY, that I attended deceased from Oct 1st 1937 to Oct 30 1937

I last saw him alive on Oct 29, 1937. Death is said to have occurred on the date stated above, at 12:40 P.M.

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

Cancer of Stomach Date of onset 1936

Other contributory causes of importance: Uic

Senility

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? No

If so, specify _____

(Signed) Wm. H. Burdow, M. D.

(Address) San Berren, Mo

