JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jasper Registration District No. 1065 File No. 46982
Township Joplin Primary Registration District No. 6133 Registered No. 3
City Walnut Grove (No.) Route Missouri St. Ward)

2. FULL NAME George Hilbert Hill

(a) Residence, No. 721 South St., Ward.
(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	44	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Projectionist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Theatre
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) Cameron Mo.

FATHER
13. NAME Julius Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo.

MOTHER
15. MAIDEN NAME Elizabeth Paulson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co. Ill.

17. INFORMANT Mrs. Bertha Hill
(ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn Cem. DATE Dec 1 1937

19. UNDERTAKER Luna Lohmeyer
(ADDRESS) Springfield Mo.

20. FILED Dec 12 1937 Lee Albyn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 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 .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure	
Found dead in Taney County No Physician in attendance died probably Nov. 28, 1937	
Other contributory causes of importance: Scalp wounds Fracture 2-3-4 rib, right	

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Murray C. Stone, M. D.
(Address) Springfield, 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.