

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

Do not use this space.

27

3842

1. PLACE OF DEATH

89 County Ralls Registration District No. 728
Township Clay Primary Registration District No. 5961
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

William Franklin Hillhouse 420
(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 - 1861

7. AGE YEARS 76 MONTHS 9 DAYS 24 IF LESS than 1 day,hrs. ormin.

OCCUPATION 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co

MOTHER / FATHER 13. NAME W K

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

15. MAIDEN NAME W K

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

17. INFORMANT Ray Hillhouse (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Saltlick Cemetery DATE Jan 19 1938

19. UNDERTAKER W. H. Church (ADDRESS) Center Ave

20. FILED Feb 10 1938 Marion Short Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938, to Jan. 17, 1938
I first saw him alive on Jan. 17, 1938 Death is said

to have occurred on the date stated above, at 5:30 P.M.

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

Heart muscle failure Date of onset 10-1-37

Other contributory causes of importance: hypertension 1930

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? _____

If so, specify _____

(Signed) W. H. Church M. D.

(Address) Center Ave

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.

RECEIVED

FEB 28 1938

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