

REC'D MAR 15 1938

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

Do not use this space.

Herbert
6327

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township " Primary Registration District No. 3009
City " (No. St. Francis Hospital) St. " Ward "

File No. "
Registered No. 66
St. " Ward "

2. FULL NAME

Robert Thomas Kinsolving Hill 400

(a) Residence, No. 508 No. Boulevard 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 0 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Cape Girardeau Mo

13. NAME Robert R. Hill

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

15. MAIDEN NAME Edzora Kinsolving

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

17. INFORMANT Robert R. Hill
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION (OR) REMOVAL
PLACE Charleston Mo DATE Feb. 22, 1938

19. UNDERTAKER Walthus Samuel Stone
(ADDRESS) Cape Girardeau Mo.

20. FILED 2-21-38 J.M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1938, to 2/21, 1938

I last saw him alive on 2/21, 1938 Death is said to have occurred on the date stated above, at 12:30 PM

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

Influenzal Pneumonia (Date of onset) 2/21/38

Other contributory causes of importance:

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) Chas. J. Hilbert, M. D.

(Address) 630 700th Ave

Cape Girardeau 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.

