

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

Do not use this space.

REC'D APR 1 1938

11152

1. PLACE OF DEATH

County Jefferson Registration District No. 421
 Township Jefferson Mo Primary Registration District No. 4249
 City Festus Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Charles Hill 400
 (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Corine Hill
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 2 0
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Pailor
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineral Point Mo.

13. NAME Charles Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington CO Mo.

15. MAIDEN NAME Lettie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington CO Mo.

17. INFORMANT Mrs Corine Hill
 (ADDRESS) Festus Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Festus Mo DATE 3-20 38

19. UNDERTAKER Duette & Vuyard
 (ADDRESS) Festus Mo

20. FILED 3/18 1938 J. E. Rutledge
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15 1938 to _____ 19____

I last saw him alive on _____ 19____ Death is said to have occurred on the date stated above, at 11 P. m.

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

Myocardial insufficiency Date of onset None.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) P. Belgar _____, M. D.

(Address) Festus, Mo. 382.

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.

