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.

REC'D MAY 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Reynolds Registration District No. 747
Township Centerville Carter Primary Registration District No. 59778
City ..... (No. ..... St. ..... Ward)

File No. 15678
Registered No. .....

2. FULL NAME Thomas Isah Hill 40
(a) Residence, No. Centerville, Mo 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 [redacted] HUSBAND OF ~~(OR) WIFE OF~~ [redacted]

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	2	17	

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) Was at work at time of death
11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Mo.

FATHER
13. NAME James Allen Crownover Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co Mo

MOTHER
15. MAIDEN NAME Lenora Larsenia Hunter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Mo

17. INFORMANT (ADDRESS) Mrs Hill Centerville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centerville, Mo DATE 4/20/ 1938

19. UNDERTAKER (ADDRESS) Norman White & Son Trenton Mo

20. FILED April 20 1938 Mrs. J. G. Pyrtle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Have not treated him for 2 yrs, 19....
I last saw him ..... 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
mitral insufficiency	

Other contributory causes of importance:
Hard Labor

Name of operation no Date of .....
What test confirmed diagnosis? History of the case 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) C. M. Fitzpatrick, M. D.
(Address) Lesterville, Mo.

Coroner of Rey. Co.