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 AUG 11 1938

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 24738
Township — Primary Registration District No. 1001 — Registered No. 698
City St. Joseph (No. 1720 Angelique St. Ward)

2. FULL NAME Robert Lewis Hill 400
(a) Residence, No. 1720 Angelique St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Christine Hill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 15, 1886
7. AGE: YEARS 51 — MONTHS 10 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
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): St. Joseph, Missouri 0

FATHER
13. NAME: Joseph Hill 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chariton, Missouri 0

MOTHER
15. MAIDEN NAME: Josephine Morton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty Misaouri

17. INFORMANT (ADDRESS): Mrs. Josephine Moore 1720 Angelique
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. More Cemetery DATE July, 7, 1938
19. UNDERTAKER (ADDRESS): Graves Funeral Home 806 S. 17th, St
20. FILED 7/7 1938 H J Heathbush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July, 5, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 1st 1938 to July 5 1938
I last saw him alive on July 5th 1938. Death is said to have occurred on the date stated above, at 1:40 p.m.
The principal cause of death and related causes of importance were as follows:
Locked bowels — Date of onset
122 Pd
Other contributory causes of importance:
Neglect
Name of operation: none — Date of
What test confirmed diagnosis? none/test — Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — Date of injury no, 19
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: none
(Signed) J R G Crawford M. D.
(Address) 720 S 24th St Joseph Mo.