

REC'D NOV 17 1938

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

26161

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 472
(b) Township Wineyard Primary Registration District No. 563
(c) City State City (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

H. B. Edward C. Hill
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Lulu Hill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 - 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 7 11
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Retired farmer
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) Mo = 0
FATHER 13. NAME Philip J. Hill 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 1
MOTHER 15. MAIDEN NAME Trued Beck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
17. INFORMANT (ADDRESS) Jake Hill
State City Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Beck Cemetery Sept 18 1938
19. FUNERAL DIRECTOR (ADDRESS) Wm J. Berglund
Peru Mo
20. FILED 10-18 1938 Thos H. Powell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 16 1938
22. I HEREBY CERTIFY, That I attended deceased from Sep 7 1938, to Sep 16 1938
I last saw him alive on Sep 7 1938. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach Date of onset unknown
Other contributory causes of importance: Hb
Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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) J. A. Holmes M. D.
(Address) W. H. Harrison Mo
423

(Licensed Embalmer's Statement on Reverse Side)

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
District Health Officer No. 6,
District File Number 6-88-615
Date Filed NOV-15-1938

STATEMENT BY LICENSED EMBALMER

I, Wm Russell Jr, Licensed Embalmer No. 1512

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by..... Registered Apprentice No.....

working under my personal supervision.

Signed Wm Russell Jr

Licensed Embalmer No. 1512

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)