

REC'D FEB 10 1939

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

130
Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No..... 791
(b) Township..... 2 Primary Registration District No..... 1003
(c) City..... 2 (d) Street No. *Mo. Pac. Hospital* Registered No. 130
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

400 Hexey Hill
(a) Residence, No. *1529 Second St. Madison Ill.* St. **MR** *MADISON ILL*
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>MARRIED</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>ALPHA HILL</i>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>MAY 23 - 1885</i>			
7. AGE YEARS <i>53</i>	MONTHS <i>7</i>	DAYS <i>10</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>CROSSING WATCHMAN</i>		
	9. Industry or business in which work was done, as saw mill, bank, etc. <i>R.I.R.</i>		
	10. Date deceased last worked at this occupation (month and year) <i>Nov. 1938</i>		
11. Total time (years) spent in this occupation. <i>29</i>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>OAK HILL ILLINOIS</i>			
FATHER	13. NAME <i>CHARLES HILL</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>UNKNOWN</i>		
MOTHER	15. MAIDEN NAME <i>Sadie Pobby</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>UNKNOWN</i>		
17. INFORMANT <i>Alpha Hill</i> (ADDRESS) <i>Madison Ill</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>MADISON</i> DATE <i>JAN 3 1939</i>			
19. FUNERAL DIRECTOR <i>Lohy Funeral Home</i> (ADDRESS) <i>Madison Ill</i>			
20. FILED <i>JAN 4 1939</i> <i>J. B. Budick</i> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 3 1939*22. I HEREBY CERTIFY, That I attended deceased from *Dec 8 1938* to *Jan 3 1939*I last saw him alive on *Jan 3 1939* Death is said to have occurred on the date stated above, at *7:35 P.M.*

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

Acute Cardiac Decompensation
Terminal Bronchopneumonia
Massive Pleural Effusion - R lung.

Date of onset

Other contributory causes of importance:

Aortic Aneurysm
Syphilitic Heart Disease (adhesive Pericarditis)
Cirrhosis of Liver (Syphilitic)

Name of operation *None* 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? *No* 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) *Harry G. Dick* M. D.
(Address) *Mo. Pac. Hospital*
St. Louis

030

030

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
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.....

Licensed Embalmer No.

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.)