

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

33612
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
 (b) Township 1 Primary Registration District No. 3038
 (c) City Marshall (d) Street No. Fitzgibbons Hospital Registered No. 154
 (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

450 William A. Hill
 (a) Residence, No. Sweet Springs, Mo. Route # 4 St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ninnie J. Hill

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1939, to Sept 20, 1939
 I last saw him alive on Sept 21, 1939. Death is said to have occurred on the date stated above, at 10 P m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2nd, 1867

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 18

Chronic deterioration of prostate Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: uremia

12. BIRTHPLACE (CITY OR TOWN) Saline County
 (STATE OR COUNTRY) Missouri 0

13. NAME Ewing Hill 1

14. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY) 1

15. MAIDEN NAME Moriah Cohoran

16. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Charles Harmon
Sweet Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Sept. 22, 1939

19. FUNERAL DIRECTOR (NAME) Campbell-Lewis
 (ADDRESS) Marshall, Mo.

20. FILED 9-22-39 Gregory Kent 712
 Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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 John R. Lawrence, M. D.
 (Signed) John R. Lawrence (Address) Marshall, Mo.

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

97
5
2

10/10/39
Health Officer No. 8
EIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Jas. H. Reiss*
Licensed Embalmer No. *1171*
P. O. Address *Marshall*

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.)

If this body is not embalmed, above space should be left blank.