

FILED FEB 7 1940
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3208
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 608
 (b) Township Franklin Primary Registration District No. 6-807
 (c) City Fairview (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 48 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elijah Jasper 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-9-1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	82	2	15	

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. Farmers
 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) Waldron Arkansas

FATHER

13. NAME Robert Hill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Nancy Montgomery
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Clavis Hill Fairview Mo R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Comfort DATE Jan 26, 1940

19. FUNERAL DIRECTOR (ADDRESS) Wheaton Funeral Home Wheaton, Mo.

20. FILED 2-5-40 Ada Collings Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1940

22. I HEREBY CERTIFY that I attended deceased from Jan 23, 1940 to Jan 24, 1940
 I last saw him alive on Jan 23, 1940 Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset Jan 23, 1940

Other contributory causes of importance: 94 yrs

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 _____

(Signed) J. H. Davidson M. D.
 Address Walla, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, G. E. Cuber, Licensed Embalmer No. 33-54

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

..... L. E. No. Jack Canada or by Jack Canada, Registered Apprentice No. 225
working under my personal supervision.

Signed Jack Canada
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.)