FILED APR 10 1941

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

Do not use this space.

10298

1. PLACE OF DEATH
County Carrol — Registration District No. 135 — File No.
Township — Primary Registration District No. ~~4080~~ 3010 — Registered No. 39
City Carrollton (No. , St. Ward)

2. FULL NAME JAMES LYNN HILL
(a) Residence, No. St., Ward. Wakenda, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
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 M O
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1940
7. AGE YEARS ✓ MONTHS 8 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Wakenda, Mo.

FATHER
13. NAME Clyde E. Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wakenda, Mo

MOTHER
15. MAIDEN NAME Helen Day
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wakenda, Mo

17. INFORMANT (ADDRESS) Clyde E. Hill Wakenda, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wakenda DATE March 3, 1941
19. UNDERTAKER (ADDRESS) Meyer Funeral Home Brunswick, Mo.
20. FILED 3/3, 1941 Ruth Hoskins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2, 1941
22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1940, to Mar 2, 1941
I last saw him alive on Mar. 2, 1941. Death is said to have occurred on the date stated above, at 8:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Double Lobar	3 weeks
Pneumonia	duration

Other contributory causes of importance:
Influenza

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) R. Hamilton Stotan M.D.
(Address) Carrollton, 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.

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 4-8-41