

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.

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

Do not use this space.

FILED MAR 20 1942

6487

1. PLACE OF DEATH
County De Kalb Registration District No. 264
Township Grant Twp Primary Registration District No. 5367
City Grant (No. 1) St. Mo. Ward 0

2. FULL NAME Henry W. Hill
(a) Residence, No. Rural St. Mo. Ward 0
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29 1882

7. AGE YEARS 59 MONTHS 5 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 1942 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Henry Co

13. NAME Galvin H Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Henry Co

15. MAIDEN NAME Martha Saward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Henry Co

17. INFORMANT E.E. Seat Moxmill Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miller Cemetery DATE 1-30 1942

19. UNDERTAKER Bram Bros Denver Mo.
(ADDRESS)

20. FILED 1-30 1942 W. Kessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1942

22. I HEREBY CERTIFY That I attended deceased from Jan 27 1942 to Jan 28 1942
I last saw him alive on Jan 28 1942 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: g3d

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) E. J. Ry-ye M. D.
(Address) Union St. Mo

