FILED DEC 11 1942

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

36812

Do not use this space.

1. PLACE OF DEATH

15 (a) County Camden — Registration District No. 50 — 15

0 (b) Township or City Osage — Primary Registration District No. 5179 — 0 — Registered No. 44

0 (c) Camdenton — (d) Street No. 1 Star Route St.

(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 Lee Roy Hill

(a) Residence, No. life in county St. 0

(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: male

4. COLOR OR RACE: 0 wht

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): 0 Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2-1899

7. AGE: YEARS 43 — MONTHS 8 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. farm

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) Camden Co Mo 0

FATHER

13. NAME Walter Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co (?) Iowa 1

MOTHER

15. MAIDEN NAME Nellie Hogue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Mo 0

17. INFORMANT (ADDRESS) Cecil Parish Camdenton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montreal DATE Nov 23 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bankson-Woolen Camdenton, Mo

20. FILED Nov 30, 1942 La Vinia Hopkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1942, to Nov 22, 1942

I last saw him alive on Nov 21, 1942. Death is said to have occurred on the date stated above, at 1 A m.

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

	Date of onset
Tuberculosis Miliaria Chronic	41

Other contributory causes of importance: none

14

Name of operation none Date of no

What test confirmed diagnosis? Phys. Sc. Chles Was there an autopsy? no

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. L. Chalbone, M. D.

(Address) Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-9-19-33 I X16605

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1308
Date Filed 12-8-42

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 Abbie Banksair Woolvey

Licensed Embalmer No. 2488

P. O. Address Camden, Me

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.