

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

Do not use this space.

19309

1. PLACE OF DEATH

42 County Henry Registration District No. 347
 Township White Oak Primary Registration District No. 5495-
 City (No. _____) _____ St. _____ Ward _____

File No. _____
 Registered No. 5-1
 St. _____ Ward _____

2. FULL NAME

John William Hill
 (a) Residence. No. _____ St. _____ Ward _____
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. E. Hill
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12 - 1853
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 6 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Retired farmer
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER afred Hill
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Nancy J. Barton
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va.
 (STATE OR COUNTRY)

14. INFORMANT Clara Hill
 (Address) Clinton Mo

15. FILED 6/8, 1932 Ed C. Peelor
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1932
 17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932 to June 2, 1932
 that I last saw him alive on June 2, 1932, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of face

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
 (Signed) R. C. Smith, M. D.

, 19 _____ (Address) Wich Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

White Oak Cemetery 6-4-1932

20. UNDERTAKER ADDRESS

Frank Renartz

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.

JUN 22 1932

March 11

For the

March 11
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1934
1935
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