

DEC 18 1936

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

Do not use this space.

41060

1. PLACE OF DEATH

County Henry Registration District No. 352
Township Deerpeters Primary Registration District No. 4209
City Montrose (No.) St. Ward (.....)

2. FULL NAME

George Hill
(a) Residence. No. St. Ward. Calhoun 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 5, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Blacksmith
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Centerville
(STATE OR COUNTRY) Ind

10. NAME OF FATHER christopher A. Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT J. C. Hill
(Address) Montrose mo

15. FILED Nov. 7, 1936 Mrs. Clara T. Harwood
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7 1936

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1936, to Nov. 7, 1936, that I last saw him alive on Nov. 7, 1936, and that death occurred, on the date stated above, at 12:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

(duration) yrs. mos. 2 ds.
CONTRIBUTORY Ch. interstitial nephritis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. E. Baggerly, M. D.
11-7 . 1936 (Address) Montrose 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 Calhoun mo DATE OF BURIAL Nov. 8, 1936

20. UNDERTAKER J. A. Housey ADDRESS Calhoun 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.

[The body of the document contains extremely faint and illegible text, likely due to poor scan quality or intentional redaction. The text is mostly illegible but appears to be organized into paragraphs and possibly a list or table structure.]