

JUL 28 1937

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

Do not use this space.

23824

1. PLACE OF DEATH

County Monroe
Township Superior
City Montrose

Registration District No. 352
Primary Registration District No. 5493

File No.
Registered No.
St. Ward)

2. FULL NAME

Fred C. Hill

(a) Residence. No. St. Ward.
(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
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Married

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

Earle Hill

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

May 15-1878

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

59 1

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Calhoun
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Geo Hill

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

12. MAIDEN NAME OF MOTHER Mary Ostermeyer

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

14. INFORMANT Mary Ellen Hill
(Address) Montrose, Mo

15. FILED 6-16-1937 Mrs. Clara T. Harwood
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1937

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 15, 1937 that I last saw him alive on June 15, 1937, and that death occurred, on the date stated above, at 8:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? no DATE OF Jan
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W E Baggerly, M. D.
6-16-1937 (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 June 17 1937
ADDRESS Montrose

20. UNDERTAKER Welling Bros

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.

