

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

Do not use this space.

37948

1. PLACE OF DEATH

County Nodaway
Township Bark
City Maryville (No.) St. Ward)

Registration District No. 625
Primary Registration District No. 2031

File No.
Registered No. 107

2. FULL NAME

(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.

Jasper Hill

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy Hill</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 15 1854</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
	<u>74</u>	<u>11</u>	<u>21</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Laborer</u>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1929

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1929, to Nov 6, 1929 that I last saw h. alive on Nov 5, 1929, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epitheloma of face.

52 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 48 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) H M Hallis Jr. M. D.

. 19 (Address) Maryville 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.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Pennsylvania

10. NAME OF FATHER

Joseph Hill

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER

Margaret Pershing

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pennsylvania

14. INFORMANT

(Address) William Hill

15. FILED

Nov 8 1929 C. P. Fryer REGISTRAR
M. E. Hill

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Miriam Cemetery

DATE OF BURIAL

Nov. 8 1929

20. UNDERTAKER

Price Furniture Co. Maryville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important.

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PARENTS

