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.

JUL 24 1936

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

Do not use this space.

19700

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kan — Primary Registration District No. 100 — Registered No.
City KC Mo (No. 1602 8, 12th St. Ward)

2. FULL NAME Arthur Hill
(a) Residence, No. 1907 E 19th St 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: negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown
7. AGE (58) YEARS 58 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Kans

FATHER
13. NAME: Richard Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kans

MOTHER
15. MAIDEN NAME: Emma Thornton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kans

17. INFORMANT (ADDRESS): Glover Hill, Leavenworth Kans
18. BURIAL, CREMATION, OR REMOVAL: Leavenworth Kans DATE 6-2-36, 19
19. UNDERTAKER (ADDRESS): Flynn & Greenstreet, KC Mo
20. FILED 6/2, 1936 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-30-, 1936

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19, 19
Last saw h alive on 19 Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. fibrous Myocarditis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? no
If so, specify
(Signed) Lucian Richardson, M. D.
(Address) 1832 Vine