

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

Do not use this space.

40370

1. PLACE OF DEATH ^{KAN 7-1936}
 County Monticello Registration District No. 577 ✓
 Township Pilot Grove Primary Registration District No. 577.5
 City Gilbert Newton Hill St. _____ Ward _____
 2. FULL NAME Gilbert Newton 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Hill
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 - 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 28
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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 _____

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Co
 13. NAME Sarah A. Hill Ford
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 15. MAIDEN NAME Sarah A. Hill Ford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 17. INFORMANT Lee Hill
 (ADDRESS) California mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Spring DATE 12/15 1936
 19. UNDERTAKER Holladay & Friedmeyer
 (ADDRESS) California mo
 20. FILED 1-7 1936 Matilda Robertson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-13- 1936
 22. I HEREBY CERTIFY, That I attended deceased from Nov-25- 1935, to Dec-13- 1936
 I last saw him alive on December 1936. Death is said to have occurred on the date stated above, at 5:30 A m.
 The principal cause of death and related causes of importance were as follows:
chde Cystitis
Hepatitis
 Date of onset _____
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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?
 If so, specify _____
 (Signed) Lawton M. Gray, M. D.
 (Address) California mo.

1911

**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED
FOR MUST BE RETURNED WITH
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Moniteau Registration District No. 577 File No. _____
Township Palat Grove Primary Registration District No. 3775 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Gilbert Newton 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 78

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____

MOTHER FATHER
13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 1-9 1936 Matilda P. Oberman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cholecystitis
Hepatitis
No evidence of trauma

Date of onset _____

Other contributory causes of importance: _____

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

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? _____
If so, specify _____

(Signed) Laurel M. Gray, M. D.
(Address) California

S-4037D