

MAY 22 1936

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

Do not use this space.

16081

1. PLACE OF DEATH

County Monterey
Township Walden
City (No.) (No.) St. Ward)

Registration District No. 571
Primary Registration District No. 3769

File No.
Registered No. 29

2. FULL NAME

Henry Clay 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
>> | 5 | 10 |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Monterey Co. Missouri
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Hill

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

12. MAIDEN NAME OF MOTHER Hallford

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

14. INFORMANT Mrs. A. P. Hill.
(Address) California me R#1

15. FILED 4-28-36 A. H. Poppey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-26-1936

17. I HEREBY CERTIFY That I attended deceased from 15 to 19 that I last saw h. alive on 15, 1936, and that death occurred, on the date stated above, at 15.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular
Heart-Trouble
Cause unknown

CONTRIBUTORY (SECONDARY) 920
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: County farm

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? from evidence
of Dr. A. H. Poppey, Corona, M. D.
, 19 (Address) California no

*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 Flag Springs DATE OF BURIAL April 27 1936

20. UNDERTAKER J. Wilson & Son ADDRESS California

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.

