

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

Do not use this space.

32202

1. PLACE OF DEATH

10 County Boone Registration District No. 78
Township Perche Primary Registration District No. 5119
City Joseph (No. 9) St. Mo. Ward

2. FULL NAME

Joseph D. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	79	3	29	

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. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) Ohio

13. NAME Charley Hill

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

15. MAIDEN NAME Julia Caldwell

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

17. INFORMANT Louella E. Hill
(ADDRESS) Brown Sta. #1 RTD

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Rock DATE 10-20 1933

19. UNDERTAKER W. H. Vandewinter
(ADDRESS) Columbia Mo.

20. FILED 11-10-1933 Mrs. H. Gullett
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1933, to Oct 19 1933

I last saw him alive on Oct 17 1933. Death is said to have occurred on the date stated above, at 3:40 a.m.

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

paralysis
Q2D 8/20
Date of onset 1-3-1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

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) H. Gullett, M. D.

(Address) Harrisburg, Mo.

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.

NOV 10 1933

MOTHER FATHER

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

