

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

Do not use this space.

SEP 15 1934

1. PLACE OF DEATH

County Stoddard
Township Stuckertville
City (No.) (No.)

Registration District No. 840
Primary Registration District No. 6102

File No. 34968
Registered No. 47
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. .. mo. .. ds. How long in U. S., if of foreign birth? yrs. .. mos. .. ds.

(Un-named) Billy Joe Hill

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) 9-2-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min.

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) Missouri

13. NAME Roy O. Hill

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

15. MAIDEN NAME Stella Marie Burleson

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

17. INFORMANT Roy O. Hill
(ADDRESS) Jefferson, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown DATE 9-2-1934

19. UNDERTAKER Dr. J. W. & W. D. Co.
(ADDRESS) Jefferson, Mo

20. FILED 9-27 1934 E. L. Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-2 1934 to 9-2 1934

I last saw him alive on 9-2, 1934. Death is said to have occurred on the date stated above, at 4 a.m.

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

Pneumonia bilobes Date of onset 15/1
15/9

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? 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) E. P. Edwards, M. D.
(Address) Jefferson, 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. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

