

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.

MISSOURI STATE BOARD OF HEALTH  
 AUG 21 1936 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

27236

1. PLACE OF DEATH

County Lincoln Co Registration District No. 491  
 Township Clark Primary Registration District No. 5656  
 City Moscow Mills Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

2. FULL NAME

Joseph Edwards Hill  
 (a) Residence, No. Moscow Mills St. Mo Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. 3 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elna Hill</u>		
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9-1863</u>		
7. AGE YEARS <u>73</u>	MONTHS —	DAYS <u>3</u>
If LESS than 1 day, _____ 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)  
Moscow Mills Mo.

13. NAME  
Rufus A. Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
North Carolina

15. MAIDEN NAME  
Margaret Dollard

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

17. INFORMANT  
Margaret Miller (sister)  
 (ADDRESS) Moscow Mills Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Paul (church) DATE 7/13/36

19. UNDERTAKER (ADDRESS)  
Temper Bros Troy Mo

20. FILED July 12 1936 Mrs. Clark Meek  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1936

22. I HEREBY CERTIFY That I attended deceased from May 20 1936 to July 12 1936  
 I last saw him alive on July 10 1936 Death is said to have occurred on the date stated above, at 7 a.m.

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

Paralysis (Cerebral) Date of onset 7/20

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) J. B. Cerech M.D.

(Address) Troy Mo

