

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

Do not use this space.

1. PLACE OF DEATH **OCT 5 1936** 791
 County Registration District No.
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **CITY HOSPITAL NO. 2**) St. Ward)
 2. FULL NAME **Joe Hill**
 (a) Residence, No. **2222 Carr St.** St. **21** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **12** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

36038
 File No. **9663**
 Registered No.
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Genevia Hill				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1899				
7. AGE	YEARS 37	MONTHS 5	DAYS 27	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver			
	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) Jackson, Tenn.				
FATHER	13. NAME Sank Hill			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.			
MOTHER	15. MAIDEN NAME Matilda Hunt			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.			
17. INFORMANT Arthur Mary Sherard (ADDRESS) 2945 Latton Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Humboldt Park DATE Sept 23rd 19 36				
19. UNDERTAKER Resurrection (ADDRESS) 2812 W. 12th St.				
20. SEP 23 1936 19..... J. J. Biedeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 20, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **9-17-** 19**36** to **9-20-** 19**36**
 I last saw him alive on **9-20-** 19**36** Death is said to have occurred on the date stated above, at **7:45 A. M.**
 The principal cause of death and related causes of importance were as follows:
FRACTURE OF GLANS PENIS **9-17-** 19**36**
caused by violent action in intercourse resulting in ruptured urethra
 Other contributory causes of importance:
URINARY EXTRAVASATION *for*
ruptured urethra. **9-17-** 19**36**
 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? **St. Louis Mo.** Date of injury **9/17** 19**36**
 Where did injury occur? **Home** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury **see above**
 Nature of injury **fract penis**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **J. B. Harris** M. D.
 (Address) **2940 Laurel**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

