Dr. Papp

REC'D FEB 16 1939

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

4224
Do not use this space.

1. PLACE OF DEATH
(a) County Washington Registration District No. 885
(b) Township Bellevieu Primary Registration District No. 0177 Registered No. 2
(c) City near Bismarck (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
400

2. PRINT FULL NAME JOSEPH HILL
(a) Residence, No. Washington Co St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Ella T. Hill
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 17 1861
7. AGE: Years 77 Months 8 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as 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): Sagamon Ill.

FATHER
13. NAME: John Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sagamon Ill

MOTHER
15. MAIDEN NAME: Ellen Billock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sangamon Ill

17. INFORMANT (ADDRESS): Ella T. Hill
18. BURIAL, CREMATION, OR REMOVAL
PLACE G.A.R. Cemetery DATE 1-16 1939
19. FUNERAL DIRECTOR (ADDRESS): White & Hill Bismarck Mo.
20. FILED 2-3 1939 Ella White Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-1939
22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1938, to Jan 13, 1939
I last saw him alive on 1-13, 1939. Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:
Bronchial asthma

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Edward M. Papp, M. D.
(Address) Bismarck 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.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)