

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 15 1939

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

8078
Do not use this space.

1. PLACE OF DEATH

(a) County Winnon Registration District No. 875
(b) Township Center Primary Registration District No. 3039 Registered No. 42
(c) City Nevada (d) Street No. 312 W. Oakland 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 312 W. Oakland St. (If nonresident, give city or town and State)
Arnold Lee Hillier

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) June 30, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 7 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walker, Missouri

13. NAME Harvey Hillier

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schell City, Missouri

MOTHER 15. MAIDEN NAME Viola Murphy

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

17. INFORMANT (ADDRESS) Harvey Hillier Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harwood Cemetery DATE Feb 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada, Mo

20. FILED 2-17 1939 Allen V. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1938, to Feb 15 1939
I last saw him alive on Dec 15 1939. Death is said to have occurred on the date stated above, at 11:20 A.M.
The principal cause of death and related causes of importance were as follows:

Rheumatic fever
56h
Other contributory causes of importance:
Rheumatic Panocarditis
myocardial failure
Date of onset May 1938

Name of operation None 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? No Date of injury...
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify J. W. Pearson, M.D.
(Signed) W. W. Pearson Nevada, Mo
773 (Address)

STATE OF NEVADA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 7

District File Number 7-39-39

Date Filed 3-8-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Personally

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Lloyd R. Winsett

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo

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

If this body is not embalmed, above space should be left blank.