

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

25318
Do not use this space.

FILED AUG 4 1945

1. PLACE OF DEATH
 (a) County Washington Registration District No. 366
 (b) Township Walton Primary Registration District No. 6245
 (c) City 1 (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.
2. PRINT FULL NAME Joseph S. Hill
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
Washington Co.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. U 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hrs. or _____min.
77 8 6
OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant
 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) Washington Co. Mo.
FATHER
 13. NAME Alfred A. Hill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.
MOTHER
 15. MAIDEN NAME Cline A. Hargis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.
 17. INFORMANT (ADDRESS) Walter Hill
Stuckey Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo. DATE 6-12 1945
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. L. Sparks
Potosi Mo.
 20. FILED 6-11-45 1945 Geo. L. Thurman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1945
 22. I HEREBY CERTIFY, That I attended deceased from _____ 1943, to June 10 1945
 I last saw him alive on June 9 1945 Death is said to have occurred on the date stated above, at 8 A m.
 The principal cause of death and related causes of importance were as follows:
High Blood Pressure followed by break down in compensation
 Date of onset _____
 Other contributory causes of importance:
Heart
 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) J. F. Chestwell M. D.
 (Address) Potosi, Mo.

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.

50M-9-19-38 I X1695

RECEIVED 8-2-45

District Health Officer No. 4

District File Number 845-888

Date Filed 8-2-45

AUG 7 1945

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, or by.....

Melvin Meller....., Registered Apprentice No. *367*

working under my personal supervision.

Signed *Beal L. Boyer*.....

Licensed Embalmer No. *344J*

P. O. Address *Leadwood 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.