

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.

JUN 20 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15649

1. PLACE OF DEATH

County, Barry Co.Registration District No. 992Township OzarkPrimary Registration District No. 5047City Madry(No. Madry, Mo

St. _____ Ward) _____

2. FULL NAME Hunter Elroy Hill(a) Residence, No. MadryMo.

St. _____

Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

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

Thelma Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 9 - 1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

33817

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

City Mail Carrier

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)

Barry Co., Mo.

MOTHER FATHER

13. NAME

Grant Hill

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

Texas

15. MAIDEN NAME

Bellah Hughes

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

Barry Co., Mo.

17. INFORMANT (ADDRESS)

Dellah Rinker
Madry Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Maple Park

DATE

5-28-33

19

19. UNDERTAKER (ADDRESS)

J. F. King Funeral Home
Autora, Mo.

20. FILED

May 27, 1933J. O. Forbes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-33 19

22. I HEREBY CERTIFY, That I attended deceased from

May, 1924, to May 26, 1933I last saw him alive on May 18, 1933. Death is saidto have occurred on the date stated above, at 9 a.

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

Paralysis Degenerative Date of onset 19248708718

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? Chinle 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 ✓, 19Where 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? no

If so, specify _____

(Signed) W. W. Smart, M. D.(Address) Autora Mo

