

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

Do not use this space.

32733

1. PLACE OF DEATH Gentry  
 County Howard Registration District No. 309  
 Township Howard Primary Registration District No. 5434  
 City Dilla No. Parish St.          Ward         

2. FULL NAME Dilla Parish  
 (a) Residence, No.          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 M  
 4. COLOR OR RACE W  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elen Parish  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30 1903  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30                   13           
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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) Gentry Co., Mo.

FATHER 13. NAME W. C. Hill

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co., Mo.

MOTHER 15. MAIDEN NAME Jessie Calvin

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co., Mo.

17. INFORMANT Elen Parish  
 (ADDRESS) Albany, Mo., P.O. 110, P.O. #4

18. BURIAL, CREMATION, OR REMOVAL PLACE Wayman DATE 10/14/33

19. UNDERTAKER Wm. Mott  
 (ADDRESS) Gentry, Mo.

20. FILED Oct. 13, 1933 W. T. Martin  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1933, to Oct 12, 1933.  
 I last saw her alive on Oct 12, 1933. Death is said to have occurred on the date stated above, at 12:30 A. M.

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

Other contributory causes of importance:  
23A

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) C. P. Porter, M. D.  
 (Address) New Houston, 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.

NOV 10 1933

