

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

Do not use this space.

OCT 30 1935

31657

1. PLACE OF DEATH

County Vernon  
Township Washington  
City Merwin (No. ....)

Registration District No. 875  
Primary Registration District No. 6162

File No. ....  
Registered No. 176 St. .... Ward)

2. FULL NAME Rayston Hillier

(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 3 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary McElhinns</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-27-06</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>8</u>	DAYS <u>24</u>
		If LESS than 1 day, .... hrs. or .... min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1935, to 9-20 1935

I last saw him alive on 9-20 1935. Death is said to have occurred on the date stated above, at 10:35 P m.

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

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer

10. Date deceased last worked at this occupation (month and year) 10-5-32

11. Total time (years) spent in this occupation. 15

Strangulation Date of onset 9-20-35

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon Co. Mo

13. NAME Ollie Bronson Hillier

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

15. MAIDEN NAME Maudie Lucy Runyon

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

17. INFORMANT Mother (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawwood Mo. DATE 9-20 1935

19. UNDERTAKER Old Waggoner (ADDRESS) Hawwood Mo

20. FILED 9/26 1935 M. C. Eichinger Registrar.

Name of operation None Date of 9-20-35

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 9-20 1935

Where did injury occur? State Hosp # 3 Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Hosp # 3

Manner of injury hanging

Nature of injury strangulation

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify CPB fever

(Signed) [Signature] (Address) Merwin 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.

