

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

Do not use this space.

JAN 20 1937

44572

1. PLACE OF DEATH

County Howard Registration District No. 878
 Township Richmond Primary Registration District No. 4222
 City Fayette (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 88-

2. FULL NAME

Darry Hill
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 6-1874</u>				
7. AGE	YEARS <u>57</u>	MONTHS <u>4</u>	DAY <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	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 _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stevens Mo.</u>			
	13. NAME <u>Dash Hill</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co.</u>			
	15. MAIDEN NAME <u>not known</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
	17. INFORMANT <u>Jon Hill</u> (ADDRESS) <u>Richport Mo.</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fayette Mo.</u> DATE <u>12/21/36</u>			
19. UNDERTAKER (ADDRESS) <u>G. S. Duncan Fayette Mo.</u>				
20. FILED <u>Jan 5 1937</u> <u>V. O. Bonham</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1934, to Dec 18, 1936
 I last saw him alive on Dec 18, 1936 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis Date of onset 1935
1931
Prostatitis + cystitis 1934
 Other contributory causes of importance:
none Name of operation _____ Date of _____
 What test confirmed diagnosis? histology 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 _____, 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? No
 If so, specify Mr. J. Shaw, M. D.
 (Signed) _____ (Address) Fayette, 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.

