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.

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

Do not use this space.

DEC 23 1937

1. PLACE OF DEATH
County Newton
Township Marion
City Diamond, (No. ..... St. ..... Ward)

Registration District No. 615
Primary Registration District No. 5817

File No. 42019
Registered No. 22

2. FULL NAME Albert P. Hill

(a) Residence. No. Diamond Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary C. Hill.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8, 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	10	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hardware merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Retail trade
(c) Name of employer Brookshire Hardware Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Tennessee

PARENTS
10. NAME OF FATHER John Hill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mahala Jane Monroe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

14. INFORMANT Mrs Nell Sutter
(Address) Diamond Mo.

15. FILED Nov 28th, 1937 Mrs U S Chapman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26 1937

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937, to Nov. 26, 1937 that I last saw him alive on Nov. 25, 1937, and that death occurred, on the date stated above, at 6-35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arteriosclerosis

(duration) ..... yrs. One mos. ten ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) R. F. Cheatham, M. D
, 19 (Address) Diamond Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Diamond Cemetery	Nov. 28, 1937
20. UNDERTAKER	ADDRESS
Bigham Und. Co.	Neosho, Mo.