

FILLED OCT 16 1941

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

32179

Do not use this space.

1. PLACE OF DEATH

(a) County Ozark Registration District No. 645-0079
(b) Township Parisville, Mo. Primary Registration District No. 10794387 Registered No. 1
(c) City Parisville, Mo. (d) Street No. 077
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Larry Dean Ball St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mo 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17-1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) Infant
11. Total time (years) spent in this occupation Infant

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains, Mo.

13. NAME Noble Hill

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

15. MAIDEN NAME Alydia Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parisville, Mo.

17. INFORMANT (ADDRESS) Noble Hill Parisville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ball DATE 3/4 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robert's West Plains, Mo.

20. FILED 29/6 1941 Margaret Hutchins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2- 19 40

22. I HEREBY CERTIFY, That I attended deceased from 4-21- 1940, to 5-2- 1940

I last saw him alive on 4-26-1940 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Acute Miliary Pulmonary Tuberculosis Date of onset March 1940

Other contributory causes of importance: 138

Name of operation 138 Date of Jan 1940

What test confirmed diagnosis? 138 Was there an autopsy? 138

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 138 Date of injury 138

Where did injury occur? 138 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 138

Nature of injury 138

24. Was disease or injury in any way related to occupation of deceased? ne

If so, specify E. Claude Bohner M. D.

(Signed) West Plains, Mo.

(Address) DR E. C. Bohner

RECEIVED

District Health Officer No. 6,

District File Number 1041-1622

Date Filed OCT 14 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32179
Registrar's No. _____

Registration District No. 645

Primary Registration District No. 4387

1. PLACE OF DEATH:

- (a) County Ozark
(b) City or town Gainesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Larry R. Hill

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced 2

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

Jan 17, 1938
(Month) (Day) (Year)

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

15

13

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b) Margaret Hutchinson

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- Missouri Ozark
(a) State _____ (b) County _____
(c) City or town Gainesville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____

year 1940

hour _____

minute _____

M.

21. I hereby certify that I attended the deceased from _____

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? _____

(e) Means of injury _____

23. Signature _____

(M. D. or other)

Address _____

Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

32179