

1. PLACE OF DEATH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

35659

868

COUNTY OF El Paso

STANDARD CERTIFICATE OF DEATH

REGISTRAR'S NO.

CITY OR PRECINCT NO. El Paso

NO.

STREET

Hotel Dieu

IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 5 YEARS

MONTHS

DAYS

HOW LONG IN U. S. IF

FOREIGN BORN

YEARS

MONTHS

DAYS

2. FULL NAME OF DECEASED Clifford Joseph Hill

RESIDENCE OF THE DECEASED NO. 1318

STREET

E. Nevada

CITY

El Paso

STATE

Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE MARRIED WIDOWED DIVORCED Married
(WRITE THE WORD)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20, 1893

7. AGE 45 YEARS 6 MONTHS 22 DAYS IF LESS THAN 1 DAY, HRS. OR MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Manager, Used Car Dept.

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Automobile Company

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) July, 1938 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Texas

MOTHER FATHER 13. NAME J. H. Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gadsden, Alabama

MOTHER 15. MAIDEN NAME Birdie Gaffield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Texas

17. INFORMANT Mrs. C. J. Hill

(ADDRESS) 1318 E. Nevada Street

18. BURIAL REMOVAL PLACE Evergreen - Catholic DATE August 13, 1938

19. UNDERTAKER Barry Hagedon
Peak-Hagedon Funeral Home

(ADDRESS) El Paso, Texas

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR

Aug. 12, 1938 C. K. Powell
(FILE DATE) (SIGNATURE)

MEDICAL PARTICULARS

21. DATE OF DEATH 8-11 1938
(MONTH, DAY, AND YEAR)

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 8-1 1938, TO 8-11 1938

I LAST SAW HIM ALIVE ON 8-11 1938

THE PRINCIPAL CAUSE OF DEATH 9:25 A. M. AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Gangrenous
Appendicitis
+ Paralytic ileus

DATE OF ONSET

8-1

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION Appendectomy OF 8-1-38

WHAT TEST CONFIRMED DIAGNOSIS? aper WAS THERE AN AUTOPSY? Yes

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF INJURY _____ 193

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

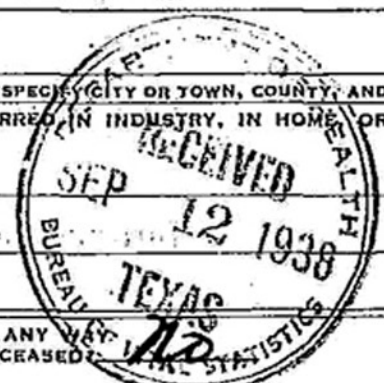
NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?

IF SO, SPECIFY

(SIGNED) Mo R. Murphy M. D.

(ADDRESS) 404 R. B. Bldg



IF NON-RESIDENT, BE CAREFUL TO GIVE THE COMPLETE RESIDENCE OF THE DECEASED, STATING BOTH CITY, COUNTY AND STATE. THE RESIDENCE IS THE USUAL PLACE OF ABODE.