

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

Do not use this space.

8866

**1. PLACE OF DEATH**

49-  
5-  
7  
County Jasper Registration District No. 408  
Township Marion Primary Registration District No. 9020  
City Carthage (No. ....) St. .... Ward)

**2. FULL NAME** Sarah Jeanne Hill

(a) Residence, No. 729 Third St. .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hilleam Jannell Hill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 28, 1903</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>4</u>
	DAYS <u>12</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>Housewife</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 .....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown New York</u>	
	13. NAME <u>Ira Sheldon</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31 Unknown</u>
MOTHER	15. MAIDEN NAME <u>Margaret Riffes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
17. INFORMANT <u>Mrs. Clark Royce</u> (ADDRESS) <u>Carthage, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Quelea Cemetery</u> DAY <u>Mar. 20, 1932</u>		
19. UNDERTAKER <u>Knell Mortuary</u> (ADDRESS) <u>Carthage, Missouri</u>		
20. FILED <u>3/14</u> 19 <u>32</u> <u>E. H. DeChau</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1932, to March 10, 1932  
I last saw him alive on March 8, 1932 Death is said to have occurred on the date stated above, at 8 A m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Valvular Disease  
7. Street  
724  
P. W.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? (1) Was there an autopsy? .....

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? .....

If so, specify .....  
(Signed) T. E. Baker M. D.  
(Address) Carthage Mo

APR 27 1932

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.

