

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

PLACE OF DEATH

County Callaway
Township Bourbon
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 107 File No. 33505
Primary Registration District No. 3-156 Registered No. 6

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mrs Sarah J Hill

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE widowed
MARRIED _____
WIDOWED _____
OR DIVORCED _____
(Write the word)

DATE OF BIRTH Dont know
(Month) (Day) (Year)

AGE 83 yrs. _____ mos. _____ ds. IF LESS than
1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 11, 1910, to Nov 11, 1910, that I last saw her alive on Nov 10, 1910, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:
Old Age & Bronchitis
106 P.

BIRTHPLACE (City or town, State or foreign country) Mo.

PARENTS
NAME OF FATHER Tom Fataue
BIRTHPLACE OF FATHER (City or town, State or foreign country) Va
MAIDEN NAME OF MOTHER Dont know
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont know

(Duration) Dont know yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) [Signature] M. D.
11/12, 1910 (Address) Fulton Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Hill

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____
Former or usual residence _____

(ADDRESS) RFD 5 Fulton
Filed Nov 15, 1910 [Signature] REGISTRAR

PLACE OF BURIAL OR REMOVAL Praxis Chapel DATE OF BURIAL Nov 12, 1910
UNDERTAKER E. W. Herndon ADDRESS Fulton

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.

