

NOV 21 1926

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

Do not use this space.

30119

## 1. PLACE OF DEATH

County DouglasRegistration District No. 280File No. 8Township ClayPrimary Registration District No. 5390Registered No. 4

City..... (No.....) ..... St. .... Ward)

2. FULL NAME Sussan Hyllton

(a) Residence. No..... St. .... Ward. .... (If nonresident give city or town and State)

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 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)

Female White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Daniel S. Hyllton

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

Sept. 26, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .... hrs.  
or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Va.

10. NAME OF FATHER

Joel Barnhart

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va.

12. MAIDEN NAME OF MOTHER

Mason

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va.

14.

INFORMANT  
(Address)D. S. Hyllton  
Norwood Mo.

15.

FILED 11/14, 1926W. M. Giles  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

Sept. 21 1926

17.

I HEREBY CERTIFY, That I attended deceased from

9/19, 1926, to 9/21, 1926

that I last saw ~~him~~ alive on 9/21, 1926, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pyemia Pyemica  
(Absorption of matter into  
the blood)

CONTRIBUTORY

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. B. Little, M. D.  
, 19 (Address)

\*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

Mt. Hermon Cemetery

9/22 1926

20. UNDERTAKER

ADDRESS

Ella J. Bauldin

Norwood

PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

... to the ...  
... of the ...

... 1950 ...

3 shots of typhoid  
serum she was ~~to~~ old &  
I never saw a case of typhoid  
over 50 years old

Lille MD

Please state  
cause of  
Typhemia,

BIBL  
VIE  
LHEG

(5) 1  
200  
(1)

1928 - 9 - 21  
1855 - 9 - 26  
72 - 11 - 23

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Douglas  
Township Clay  
City (No. ....):

Registration District No. 280  
Primary Registration District No. 3390

File No. 2  
Registered No. 4  
St. .... Ward

**2. FULL NAME**

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

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 4 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>11</u>	<u>25</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

Name of employer

PLACE (CITY OR TOWN) OR COUNTRY

NAME OF FATHER

BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME AND ADDRESS

15. FILED 11/14, 1928 W M Giles REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1928

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... 19.....  
(that I last saw h..... alive ..... 19..... and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

(Septicemia)  
absorption of matter into the blood by septic serum.

CONTRIBUTORY (SECONDARY) (operation) 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?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. B. Little, M. D.

Nov 7, 1928 (Address) Norwood 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

20. UNDERTAKER ADDRESS

EXACTLY. PHYSICIANS SHOULD STATE OCCUPATION IS VERY IMPORTANT. REGISTRATION IS COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-30119