

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

Do not use this space.

42962

1. PLACE OF DEATH

108 County Vernon Registration District No. 875  
 2 Township Center Primary Registration District No. 3039  
 7 City Nevoada mo No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 257

2. FULL NAME William T. Hiller

(a) Residence, No. 706 N. Washington St. 3 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred - 4 yrs. - 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Hiller</u> 1855 <u>Rachel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-6-1855</u>		
7. AGE <u>77</u>	YEARS <u>1</u>	MONTHS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>
10. Date deceased last worked at this occupation (month and year) <u>Sept 1930</u>		11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
13. NAME <u>William T Hiller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
15. MAIDEN NAME <u>Sarah Rosebery</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
17. INFORMANT (ADDRESS) <u>Rachel Hiller</u> <u>Garland Ross</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Reynolds cemet</u> DATE <u>12-9-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Stony General Home</u> <u>Nevoada mo</u>		
20. FILED <u>12-14</u> , 19 <u>32</u> <u>E. P. King</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6-1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h \_\_\_\_\_ alive on Don't know, 1932 Death is said to have occurred on the date stated above, at Don't know  
 The principal cause of death and related causes of importance were as follows:  
Found dead in bed.  
Natural causes  
Heart disease & apoplexy  
no violence  
 Other contributory causes of importance:  
no  
no  
no  
5

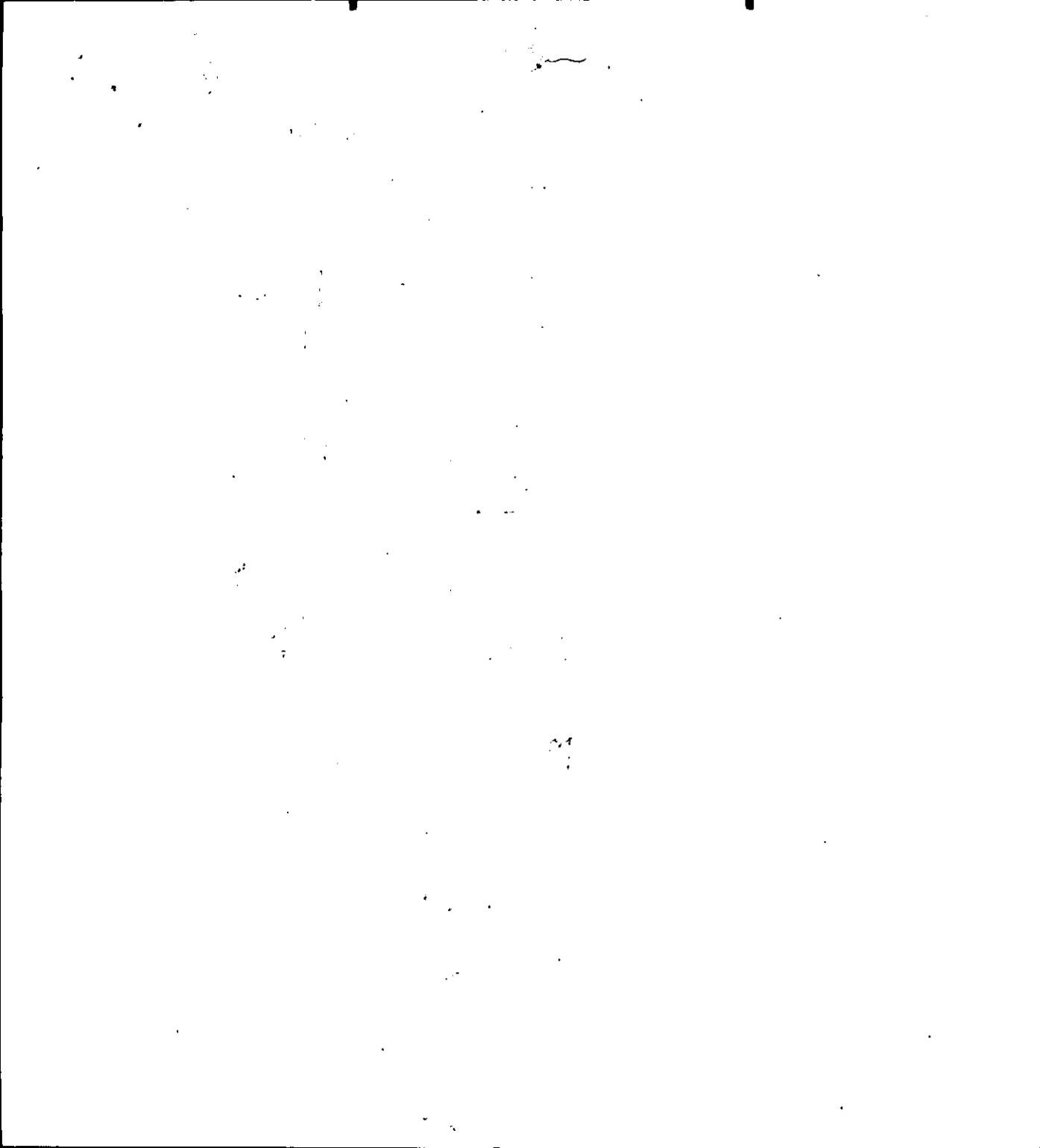
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) M. E. Ferry Coroner  
 (Address) Nevoada mo

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. JAN 5 1933



Dear Sir:-

I am herewith returning Death Certificate No. 8094 and 8095, Requesting a change in the name of the Widow from Sarah Hiller to Rachel Hiller, Which is the true and correct name of this widow, Seems that an error was made in in this matter before reaching your Office,

The error would cause confusion in the handling of the Claim for Original Pension for this widow and as the matter can be corrected before the Claim reaches the Pension Bureau Washington D.C. I have this day written the Ferry Funeral Home at Nevada, Missouri instructing them to communicate with you further in the matter, and hope we can get the correction made at an early date,

Thanking you for this and past favors and wish to thank you for early and favorable cooperation, I am closing with expressions of my highest consideration and esteem, and I beg to Remain

RECEIVED  
DEC 23 1932  
THE STATE BOARD OF HEALTH  
OF MISSOURI

Very Cordially Yours,

*Edward Higgins*

Edward Higgins, Pension Atty, Ft, Scott, Kas as,

*Kindly Return Two 12/ Copies.*

S-42962