

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.

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

Do not use this space.

4086

MAR 2 1935

**1. PLACE OF DEATH**

County Sullivan  
Township Jackson  
City Jackson (No. \_\_\_\_\_)

Registration District No. 852  
Primary Registration District No. 6124

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Susan Hilligoss

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1850

7. AGE YEARS 84 MONTHS 7 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME George Hapl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Isabel Blair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT H. L. Hilligoss (ADDRESS) Missouri, Mo.

18. BURIAL, CREMATION, OR REMOVAL (Place) Pollock Cem. Pollock (DATE) Jan 16 1935

19. UNDERTAKER C. A. Schobert (ADDRESS) Missouri, Mo.

20. FILED Feb 9 1935 Olo Hagan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1935

I HEREBY CERTIFY that I attended deceased from Dec 28 1934 to Jan 15 1935  
I last saw her alive on Jan 10 1935 Death is said to have occurred on the date stated above, at 5:45 m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia  
Chronic nephritis  
Cardiac Dehina

Date of onset Dec 28  
Drs. Jan 15

Other contributory causes of importance:

Anemia  
Anemia

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? none  
(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? no  
If so, specify \_\_\_\_\_

(Signed) J. C. Pollock, M. D.  
(Address) Pollock, Mo.

