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.

FEB 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County: Knox — Registration District No. 444 | 56 — File No. 3 1877

Township: Myrtle — Primary Registration District No. 4-2-412 — Registered No. 1

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

2. FULL NAME: Sarah Elizabeth Hettinger

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: James V Hettinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 6 - 1861

7. AGE: Years 74 — Months 0 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~Farmer~~ Home Keeper

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): White Heath Del.

FATHER

13. NAME: Henry Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER

15. MAIDEN NAME: Hariet Foley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT (ADDRESS): James V Hettinger

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Knox City Cemetery DATE: Jan 5, 1936

19. UNDERTAKER (ADDRESS): R. J. Sieger, Knox City Mo

20. FILED: Jan 5, 1936 J. R. Northcutt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 3, 1936

22. I HEREBY CERTIFY, that I attended deceased from Jan 1, 1934, to Jan 3, 1936. Last saw her alive on Jan 1, 1936. Death is said to have occurred on the date stated above, at 1:10 m.

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

	Date of onset
Organic Heart Lesion	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Neal M. Reynolds, M. D.

(Address) Knox City Mo