

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.

MAY 19 1936

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

Do not use this space.

14352

1. PLACE OF DEATH

County Camden Registration District No. 275
Township Anglais Primary Registration District No. 5170B
City Stonington (No. St. Ward)

File No.
Registered No.

2. FULL NAME Sarah J. Hillhouse

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

Length of residence in city or town where death occurred 70 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thos. Hillhouse</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 27, 1849</u>		
7. AGE	YEARS <u>87</u>	MONTHS
	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>In Kentucky</u>		
FATHER	13. NAME <u>James Cunningham</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Kentucky</u>	
17. INFORMANT <u>Jae Hillhouse</u> (ADDRESS) <u>Stantland mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hillhouse Cemetery</u> DATE <u>April 24</u> 19 <u>36</u>		
19. UNDERTAKER <u>Virgil Evans</u> (ADDRESS)		
20. FILED <u>May 1</u> 19 <u>36</u> <u>W. H. Hillhouse</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14 1936 to April 22 1936
I last saw her alive on April 22 1936 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
Influenza Bronchopneumonia Date of onset 4-13-36
Age & Sen. Debility

Other contributory causes of importance
Age & Sen. Debility

Name of operation Date of
What test confirmed diagnosis had side 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? no
If so, specify (Signed) Chas. L. Hillhouse, M. D.
(Address) Stonington, Mo

