

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

Do not use this space.

38207

**1. PLACE OF DEATH**

County Linn Registration District No. 470  
 Township South Vernon Primary Registration District No. 4283  
 City St. Vernon Mo. (No.       ) St.        Ward       

File No.       

Registered No. 123

**2. FULL NAME**

Mary - Sara Hammer Hillhouse  
 (a) Residence, No.        St.        Ward.         
 (Usual place of abode)  
 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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
80                      11                      8

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. X  
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Vernon Mo.

13. NAME Allen Hammer

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

15. MAIDEN NAME Sarah Jellwar

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

17. INFORMANT Martin Hillhouse  
 (ADDRESS) St. Vernon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE        DATE Oct 21 1936

19. UNDERTAKER George B Orr  
 (ADDRESS) St. Vernon Mo.

20. FILED Oct 21 1936 P. A. Hahner  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1936

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Oct 19, 1936  
 I last saw him alive on Oct 19, 1936 Death is said to have occurred on the date stated above, at 11:05 P.M.

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

Chronic Interstitial nephritis Date of onset Jan - 35

Other contributory causes of importance:

Name of operation        Date of         
 What test confirmed diagnosis? Culture Was there an autopsy? Yes

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? Yes  
 If so, specify       

(Signed) P. A. Hahner, M. D.  
 (Address) St. Vernon 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.

DEC 3 1936

