

FILED JUL 22 1940

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

29842

Do not use this space.

1. PLACE OF DEATH  
 (a) County Linn Registration District No. 824  
 (b) Township Emmence Primary Registration District No. 6571 Registered No. ....  
 or  
 (c) City ..... (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Sarah Caroline Chilton  
 (a) Residence, No. Emmence Mad  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J.C. Chilton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-7-1856</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>6</u>
	DAYS <u>4</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Widow</u>	
	9. Industry or business in which work was done, as 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>MO</u> <u>0</u>		
FATHER	13. NAME <u>George Ruling</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u> <u>3</u>	
MOTHER	15. MAIDEN NAME <u>Jane</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u> <u>0</u>	
17. INFORMANT <u>Nelson Chilton</u> (ADDRESS) <u>Emmence MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Emmence Cemetery</u> DATE <u>6-11-40</u>		
19. FUNERAL DIRECTOR (NAME) <u>None</u> (ADDRESS) .....		
20. FILED <u>6-11-1940</u> <u>Frank Hyde, M.D.</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 - 1940
22. I HEREBY CERTIFY That I attended deceased from Jan 1 - 1940, to Jan 11 - 1940  
 I last saw her alive on Jan 1 - 1940. Death is said to have occurred on the date stated above, at 4:20 a.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast

Date of onset

Other contributory causes of importance: 50

- 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) Frank Hyde M. D.  
 (Address) Emmence MO

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

RECEIVED

District Health Officer No 5,

District File Number 740 813

Licensed Embalmer No.....

Date Filed 7/22/60

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.