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

Do not use this space.

36369

1. PLACE OF DEATH
County Cooper
Township
City Boonville Mo (No. ..... St. ..... Ward)
Registration District No. 218
Primary Registration District No. 3015
File No.
Registered No. 107

2. FULL NAME Wm J. Hilden
(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 Male
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~~ Grace Hilden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-26-1900

7. AGE Years 27 Months 1 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Billingsville Mo
(STATE OR COUNTRY) Cooper County

PARENTS
10. NAME OF FATHER Everett Hilden
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Lenna Esser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pilot Grove Mo

14. INFORMANT Chas. Beetold
(Address) Boonville Mo

15. FILED 12-28-1927 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to Dec 25, 1927, that I last saw him alive on Dec 25, 1927, and that death occurred, on the date stated above, at 11.45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Addison's disease
68
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 63
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Alexis Ravenswaay, M. D
, 19 (Address) Boonville. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Paul Cem.
DATE OF BURIAL Dec. 28 1927

20. UNDERTAKER Schwetz Key-Meister
ADDRESS Boonville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
[illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state