WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

11133

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 2417 a North 10 St. ..... Ward)

File No. .....

Registered No. 2962

2. FULL NAME Evalyn C. Hildreth

(a) Residence. No. 2417 a N 10 St., 26 Ward. (If nonresident give city or town and State)
(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.

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: Rufus Hildreth

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't Know

7. AGE: Yrs. 67 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Ills

PARENTS

10. NAME OF FATHER: A. Roper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Penna
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Penna

14. INFORMANT: Edgar M. Cleary (Address) 2417 a N 10

15. FILED MAR 16 1928 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): March 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1928, to Mar 15, 1928 that I last saw her alive on Mar 15, 1928, and that death occurred, on the date stated above, at 9.55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 131

Nephritis 118

Acute Glomerular 130

after Grippe attack

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Nephritis Chr. & Rheumatism

(duration) 15 yrs. + mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

0 DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. O. Peeler M. D

Mar 16 1928 (Address) 2505 N 15th

*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: New St Marcus | DATE OF BURIAL: March 19 1928

20. UNDERTAKER: Bensiek. Niehaus | ADDRESS: 1138 N 6