AUG 24 1928

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

Do not use this space.

27803

1. PLACE OF DEATH
County Lincoln
Township Monroe
City ..... (No. ..... St. ..... Ward)

Registration District No. 492
Primary Registration District No. 3

File No. 101
Registered No. .....

2. FULL NAME Frank Hiltman Jr.
(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): Infant.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4-1928

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 18 hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Old Monroe
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Frank Hiltman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Old Monroe
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Zitta Witte
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Old Monroe
(STATE OR COUNTRY) Mo

14. INFORMANT Frank Hiltman
(Address) Old Monroe Mo

15. FILED 8/5 1928 [signature] REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/4 1928

17. I HEREBY CERTIFY, That I attended deceased from 8/4, 1928, to 8/5, 1928 that I last saw him alive on 8/5, 1928 and that death occurred, on the date stated above, at 11:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth (7 mo)
1 61 A
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) [signature] M. D.
, 19 (Address) Old Monroe

*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 Marys Cemetery
DATE OF BURIAL: 8/6 1928

20. UNDERTAKER: Clemmons & Wilde
ADDRESS: Old Monroe 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.

PERMANENT RECORD