

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence  
Township Aurora  
City Aurora

Registration District No. 467  
Primary Registration District No. 4280

File No. 2244  
Registered No. 96  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. 632 Highlands 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 <u>Female</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 10-1911</u>		
7. AGE	YEARS <u>17</u>	MONTHS <u>6</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Student</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Barry Co Mo</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>A. E. Hilton</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Barry Co Mo</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Cora Wilson</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Barry Co Mo</u> (STATE OR COUNTRY)	

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1929  
17. I HEREBY CERTIFY That I attended deceased from Jan 10 1929 to Jan 20 1929  
that I last saw her alive on Jan 20 1929, and that death occurred, on the date stated above, at 12-10 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

encephalitis

11.8  
78.3 (duration) yrs. mos. 10 ds.  
CONTRIBUTORY (SECONDARY) influenza  
(duration) yrs. mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0/10  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) B. W. Stewart, M. D.  
, 19 (Address) Bureau St. 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.

14. INFORMANT <u>A. E. Hilton</u> (Address) <u>Aurora Mo</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Maple Park Ave</u>	DATE OF BURIAL <u>Jan 22 1929</u>
15. FILED <u>Jan 21 1929 B. W. Stewart</u> REGISTRAR	20. UNDERTAKER <u>King Funeral Home</u>	ADDRESS <u>Aurora Mo</u>

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.

55  
4

261

