

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

Do not use this space.

2639

1. PLACE OF DEATH

County New Madrid
Township St. James
City Sidem (No. _____)

Registration District No. 55
Primary Registration District No. 4033

File No. 7
Registered No. 798
St. _____ Ward _____

2. FULL NAME

Mary Ellen Hildebrand

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

6. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Hildebrand

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 21 1894

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
34	10	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Wynne Cross Co Ark

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Mrs. Maxley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Si Reston Mo

14. INFORMANT (Address) Walter Hildebrand Sidem Mo

15. FILED Feb 10 1929 M.V. Mummie REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 13 1929 to Jan 17 1929 that I last saw her alive on Jan 17 1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza (duration) yrs. mos. 9 da.

118 107A CONTRIBUTORY BRONCHO PNEUMONIA (SECONDARY) (duration) yrs. mos. 4 da.

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? (Signed) J. St. Cochran M. D.

118, 1929 (Address) Sidem, 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 Stamfield Cem **DATE OF BURIAL** Jan 20 1929

20. UNDERTAKER (ADDRESS) J. B. Wootenmeyer Sidem Mo

23 1929
 PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.
 AGE should be stated EXACTLY. AGE should be properly classified. Exact statement of OCCUPATION is very important.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.
 72
 2
 6
 235
 2
 31
 31

