23 1929

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

Do not use this space.

2757

1. PLACE OF DEATH
County: Nodaway
Township: Jackson
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 629
Primary Registration District No. 8831

File No. 276
Registered No. 2

2. FULL NAME: Charles Hilton

(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 60 yrs. 2 mos. 14 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 27, 1859

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	2	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 107A
(b) General nature of industry, business, or establishment in which employed (or employer): 112
(c) Name of employer: 113

9. BIRTHPLACE (CITY OR TOWN): Winter Set
(STATE OR COUNTRY): Iowa

PARENTS

10. NAME OF FATHER: Edward H. Hilton
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Baltimore
(STATE OR COUNTRY): Md.
12. MAIDEN NAME OF MOTHER: Mary Mallen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Albany
(STATE OR COUNTRY): N. Y.

14. INFORMANT: Edward Hilton
(Address): Parnell Mo

15. FILED: 1/13, 1929 J. P. Ross
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 9, 1929, that I last saw h. m. alive on Jan 9, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic lymphagenia and Bronchial asthma
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Bronchio Pneumonia
..... (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) F. C. Wallis, M. D
, 19 (Address) Maryville

*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: Oak Hill Cemetery
DATE OF BURIAL: Jan 13, 1929

20. UNDERTAKER: Ross & Long
ADDRESS: Ravenwood 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.

PUBLIC HEALTH RECORD