NOV 3 1930

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

Do not use this space.

31909

File No.

Registered No. 15

1. PLACE OF DEATH

County Texas — Registration District No. 868

Township Boone — Primary Registration District No. 6150

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Harvey Raymond Hildreth

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 13, 1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
–	5	8	

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) Kinderpost Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Virgil Hildreth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kinderpost Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lula Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark
(STATE OR COUNTRY)

14. INFORMANT Virgil Hildreth
(Address) Kinderpost Mo

15. FILED 9-21, 1930 W. R. Reid
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930 to Sept 21, 1930 that I last saw him alive on Sept 18, 1930 and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Entero Colitis

119 B

1133

(duration) ..... yrs. ..... mos. 21 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) H. L. Reed, M. D.

9/21, 1930 (Address) Licking

*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	DATE OF BURIAL
Craddock Cem	Sept 22 1930

20. UNDERTAKER	ADDRESS
Neighbors, Kinderpost Mo	

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.