

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

Do not use this space.

18491

1. PLACE OF DEATH

53 County Laclede
Township Washington
City (No. _____)

Registration District No. 3A49
Primary Registration District No. 5412

File No. _____
Registered No. 16215
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

Henry D. Hilton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Missy Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 3 1858</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>9</u>
		DAYS <u>25</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer 1</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo. 1</u>		
FATHER	13. NAME <u>Mr Hilton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known 31</u>	
	15. MAIDEN NAME <u>not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>Chas Hilton Lecton mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Proper Cemetery</u> DATE <u>May 29 31</u>	
19. UNDERTAKER (ADDRESS) <u>Palmers Lecton</u>		
20. FILED <u>July 2 1931</u> <u>J. M. Bellamy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 25 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1931, to 5-28, 1931
I last saw him alive on 5-26, 1931. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
131
102
Date of onset 1929

Other contributory causes of importance:
High Blood Pressure

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) O. C. Berrage, M. D.
(Address) Lecton 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.

511 25 1931

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