

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

Do not use this space.

17150

1. PLACE OF DEATH
88 County Randolph Registration District No. 735
Township _____ Primary Registration District No. 3034 File No. _____
City Moberly (No. _____) St. _____ Registered No. 12 Ward _____

2. FULL NAME Infant boy of Herman Hildebrand
(a) Residence, No. Salisbury 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 M 4. COLOR OR RACE W 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) May-9-1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 0 0 0 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Moberly, Mo.

13. NAME Herman Hildebrand

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lockridge, Ia.

15. MAIDEN NAME Viola Kothel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury, Mo.

17. INFORMANT Herman Hildebrand
(ADDRESS) Salisbury, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salisbury DATE May-9-1932

19. UNDERTAKER Relatives of deceased
(ADDRESS) Salisbury, Mo.

20. FILED 5/9, 1932 Thos. Fleming
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-9-1932

22. I HEREBY CERTIFY, That I attended deceased from May-9-1932, to May-9-1932.
I last saw h. l. m. alive on May-9-1932. Death is said to have occurred on the date stated above, at 12:38 a.m.

The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Chrom. 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 _____

23. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) F. L. Harms, M. D.

(Address) Salisbury, 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.

MAY 24 1932

