

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.

JAN 21 1933

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

Do not use this space.

38429

1. PLACE OF DEATH
 10 County Boone Registration District No. 76 File No. 9
 Township Grand Primary Registration District No. 5710 B. Registered No. _____
 City Hartsburg (No. _____) St. _____ Ward _____

2. FULL NAME Louis Hilgedick
 (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1847 Jan 4</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>10</u>
	DAYS <u>28</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</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>Warren Co. Mo</u>		
FATHER	13. NAME <u>Jacob Frederick Hilgedick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
17. INFORMANT (ADDRESS) <u>Hong Viemeyer</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hartsburg Mo</u> DATE <u>12/4 3</u>		
19. UNDERTAKER (ADDRESS) <u>Dawson - gal</u>		
20. FILED <u>119</u> 19 <u>32</u> <u>H.A. Viemeyer</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2 32

22. I HEREBY CERTIFY, That I attended deceased from May 19 1932 to 12-2 32
 I last saw him alive on 12/1 32 Death is said to have occurred on the date stated above, at 3:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Senility
 Other contributory causes of importance: 102

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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?
 If so, specify _____
 (Signed) H.P. Viemeyer, M. D.
 (Address) Hartsburg, Mo.

