

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

Do not use this space.

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38497

1. PLACE OF DEATH

County Picassou
 Township
 City St. Joseph, Mo. (No. State Hospital No. 2.)

Registration District No. 1001
 Primary Registration District No. 1001

File No. 1213
 Registered No. 1213
 St. St. Joseph Ward)

2. FULL NAME

Mac Hildreth
 (a) Residence, No. Kansas City, Mo. St. Kansas City, Mo. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Dec 23, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Binley work

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) Pleasanton, Mo. 2.

13. NAME Anna S. Hildreth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Emma Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston, Mass.

17. INFORMANT Wm. P. Richards (ADDRESS) State Hospital No. 2, St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE Dec. 12, 1932

19. UNDERTAKER H. C. Sidwinder (ADDRESS) 1802 Union Street

20. FILED 12-10-32 John H. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to December 10, 1932

I last saw her alive on December 10, 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Bronchitis Pneumonia

Date of onset Dec 7, 1932

Other contributory causes of importance:

Chronic Nephritis

June 2, 1932
Pleura

Name of operation Chloroform Date of June 2, 1932

What test confirmed diagnosis? Chloroform 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) George W. Forman, M. D.
 (Address) State Hospital No. 2, St. Joseph, Mo.

MARGIN RESERVED FOR BINDING

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

