

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

B 23 1933

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.

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

Do not use this space.

4000

1. PLACE OF DEATH

5 County Barry  
Township Butterfield  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 21  
Primary Registration District No. 6240

File No. \_\_\_\_\_  
Registered No. 3 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Frank F. Hideson

(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)

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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hilly Hideson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4 1866</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>11</u>
	DAYS <u>2</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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th 1933 to Feb 6th 1933  
I last saw him alive on Feb 6th 1933. Death is said to have occurred on the date stated above, at 12 m.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
874 J. J. W.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME James Hideson

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

15. MAIDEN NAME Mary Berry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) David Berry Purdy Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New Sitonsville DATE Feb. 7. 1933

19. UNDERTAKER (ADDRESS) Blansenship Purdy

20. FILED 2-10 19 33 Mathis Blansenship Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?  
If so, specify \_\_\_\_\_  
(Signed) B. B. Keely, M. D.  
(Address) Purdy Mo.

