

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.

JUN 22 1933

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

Cook.
Do not use this space.

16422

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3919
 City Independence (No. 302 W Mill St)
 St. _____ Ward _____
 2. FULL NAME Louell Mason Hildebrand
 (a) Residence, No. 302 W Mill 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.

File No. _____
 Registered No. 148
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE wh 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) Sep 15 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 - 7 - 18
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Dealer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 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) Jamestown Mo.
 13. NAME A. P. Hildebrand
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho
 15. MAIDEN NAME Haebel J. Shipley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Mr. J. Hildebrand 411 E. Kansas
 18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE May 5 1933
 19. UNDERTAKER (ADDRESS) Ott & Mitchell Independence, Mo.
 20. FILED May 4 1933 S. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1933
 22. I HEREBY CERTIFY, That I attended deceased from April 29 1933 to May 2 1933
 I last saw him alive on May 2 1933 Death is said to have occurred on the date stated above, at 11 p.m.
 The principal cause of death and related causes of importance were as follows:
Schroter's Arthritis Date of onset _____
Chronic Nephritis
 Other contributory causes of importance: Senility
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) F. L. Cook, M. D.
 (Address) Independence, Mo.

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OCCUPATION
FATHER
MOTHER

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131
57A

131

