

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

Do not use this space.

35486

1. PLACE OF DEATH

County Webster Registration District No. 896
 Township Ozak Primary Registration District No. 6198
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Ida Hilton
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles E. Hilton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
54 11 8 10⁰⁰

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) Mo

13. NAME Anthony Roberson

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

15. MAIDEN NAME Hettie Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Edward G. Dietz

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo. DATE Oct 10 1933

19. UNDERTAKER W. M. Mahan (ADDRESS) Marshall Mo.

20. FILED Oct. 15 1933 Elizabeth Highfill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 -, 1933, to Oct 9 -, 1933
 I last saw him alive on Oct 9 -, 1933 Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Dislike labor previous years.
 Other contributory causes of importance 100

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 W. F. Schmitt, M. D.
 (Signed) _____ (Address) Marshall 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.

JULY 10 1933

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MOTHER FATHER

MOTHER FATHER

