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 3 1934

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

Do not use this space.

35620

1. PLACE OF DEATH
County Bates — Registration District No. 50 — File No.
Township Burnett — Primary Registration District No. 5076 — Registered No.
City B (No. ..... St. ..... Ward)

2. FULL NAME Mark J. Hilliard

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Millie Hilliard.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 5, 1858.

7. AGE: YEARS 74 — MONTHS 11 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
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): Greenville, Ill.

FATHER
13. NAME: Jerry Hilliard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mass.

MOTHER
15. MAIDEN NAME: Emily Cushion
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mass.

17. INFORMANT (ADDRESS): Mrs Mark Hilliard

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill — DATE: Nov 26 1933

19. UNDERTAKER (ADDRESS): Culvers, Butler, Mo.

20. FILED 11/26 1933 Mrs C. E. Culver, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 23 — 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Only seen him after death, but from statement of wife he died of Angina Pectoris, did not treat him while living.

Date of onset

Other contributory causes of importance: 94A

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) C. A. Luck, M. D.
(Address) Butler Mo.