

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Chariton
Township
City Salisbury (No.)

Registration District No. 175
Primary Registration District No. 4104

File No. 8227
Registered No. 17 St. Ward)

2. FULL NAME

August Hildebrand

(a) Residence, No. St., Ward.

Length of residence in city or town where death occurred 19 yrs. 6 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hildebrand

22. I HEREBY CERTIFY, That I attended deceased from 3-11-1934, to 3-28-1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8-1855

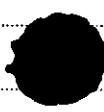
I last saw him alive on 3-27-1934. Death is said to have occurred on the date stated above, at 3 - m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 7 20

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Date of onset

apoplexy
S.A.
Other contributory causes of importance: 

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

13. NAME Edmund Hildebrand

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

15. MAIDEN NAME Langner

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

17. INFORMANT Herman Hildebrand (ADDRESS) Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury Mo DATE 3-30-1934

19. UNDERTAKER Stickelmayers Bros (ADDRESS) Salisbury Mo

20. FILED 4/3/34, 19 34 Registrar. Dr. J. H. ...

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 St. Louis Mo

(Signed) Salisbury, M. D. (Address) Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Chariton
Township Salisbury
City Salisbury (No.)

Registration District No. 175
Primary Registration District No. 4104

File No.
Registered No. 17
St. Ward)

2. FULL NAME

August Hildebrand

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 5-1-19 J. Gustafson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1934

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:

apoplexy cerebral
Other contributory causes of importance: gma
Date of onset

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... 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)...., M. D. (Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUTION: INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE TERM OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

5-8227