

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

Do not use this space.

10002

APR 25-1934

PLACE OF DEATH

County Shelby
Township Rolla
City Rolla No. _____

Registration District No. 677

Primary Registration District No. 4403

File No. _____

Registered No. 39

St. _____ Ward _____

2. FULL NAME Claude Hildreth

(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 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 Mrs Claude Hildreth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/12/1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 6 15

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knudspost MO

13. NAME Jim Hildreth

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

15. MAIDEN NAME Tellie Havens

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

17. INFORMANT (ADDRESS) Jim Hildreth
Rolla, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grubbs Cemetery DATE 8/28/34
Rolla, Mo

19. UNDERTAKER (ADDRESS) Smith Ferguson
Rolla, Mo

20. FILED March 27, 1934 Jos. F. Weyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1934

2. 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:

Fracture of base of skull
Automobile accident

This accident happened when he and a neighbor were riding home from school on highway 32 near Hickory. The truck over killed other two children and he died soon after reaching hospital.

Other contributory causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis? Hospital 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) Dr. J. M. Toland M. D.

(Address) Rolla MO

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.

