

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

Do not use this space.

NOV 20 1934

36656

1. PLACE OF DEATH

County Wasson
Township Wasson
City Stannibal

Registration District No. 547
Primary Registration District No. 3029
(No.) St Elizabeth Hos

File No. 36656
Registered No. 62 297
St. 62 Ward

2. FULL NAME

William Sterling Price Hilkey

(a) Residence, No. Funerall Mod 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Single

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

March 21 - 1862

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

72

5

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Marion Co Missouri

10. NAME OF FATHER

William C Hilkey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

W. Va.

12. MAIDEN NAME OF MOTHER

Elizabeth M. Payne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

W. Va.

14. INFORMANT

(Address)

W. D. Hilkey
Funerall Mod

15. FILED

Oct 13, 1934

R. H. Schuster
E. M. Lucke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct 12 1934

17. I HEREBY CERTIFY, That I attended deceased from
Oct 11, 1934 to Oct 12, 1934
that I last saw him alive on Oct 12, 1934, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Cerebral Hemorrhage
2. Fracture 5th Cervical vertebra
3. dislocation 4th "

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. S. Hilkey M. D.

, 19 (Address) Stannibal Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Funerall Mod
Andrew Campbell

Oct 14 1934

20. UNDERTAKER

ADDRESS

George E. Ryan

Funerall Mod

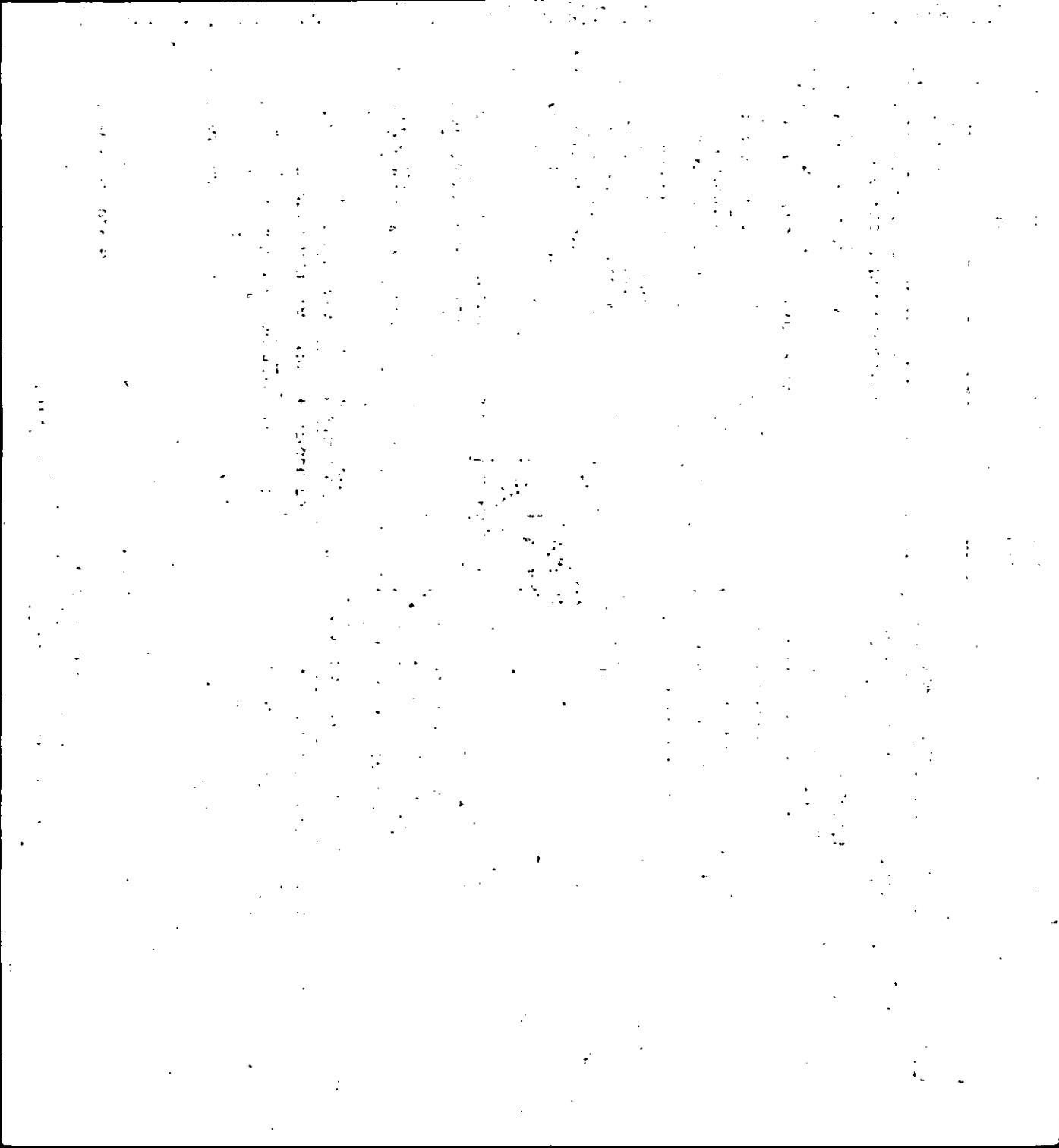
Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PARTICULARS should state. N. B.—Every item of information should be carefully supplied.

66

2

3

2000



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

**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 Marion

Registration District No. 547

File No. _____

Township Hannibal

Primary Registration District No. 3029

Registered No. 297

City Hannibal (No. St. Elizabeth Hosp)

St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1934

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

22. I HEREBY CERTIFY. That I attended deceased from _____ to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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. _____
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 _____

Accidental Hernia large fracture 5th Cervical vertebra
Distraction 4th " "

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

Riding in car
Other contributory causes of importance: _____

13. NAME _____

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 10/8, 1934

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

Where did injury occur? Marion City, Marion Co., Mo.
(Specify city or town, county, and State)

17. INFORMANT (ADDRESS) _____

Specify whether injury occurred in industry, in home, or in public place.
Public Place, Highway # 36

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

Manner of injury Automobile accident
Nature of injury Collision

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED _____ 19____

Registrar.

(Signed) J. S. ..., M. D.
(Address) _____

SUPPLEMENTARY

FEB 28 1935

S-36656