

DEC 13 1934

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

Do not use this space.

41291

1997

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. 1003)

St. *Empire City, Hospital*

File No. ....

Registered No. 11276

St. ....

Ward) .....

## 2. FULL NAME

Harry Hilton

(a) Residence, No. 3944 Westminster St., 19

(Usual place of abode)

Ward. ....

(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)

Married

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

Irene

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

Dec 13, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

68 67

8 11

9 5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bartender

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)

Canada

FATHER

13. NAME

Unknown

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Irene Hilton  
3944 Westminister

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Memorial Pk

DATE

10/27/34

19. UNDERTAKER (ADDRESS)

Sullivan, Riley  
5007 Waterman Ave.

20. FILED

NOV 26 1934

J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

No physician in attendance

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

Nov. 18 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.....

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

Primary seat of cancer unknown  
 Chronic nephritis  
 Chronic pyelitis  
 Chronic cystitis  
 Chronic prostatitis  
 Chronic urethritis  
 Chronic gonorrhoea  
 Chronic syphilis  
 Chronic malaria  
 Chronic tuberculosis  
 Chronic alcoholism  
 Chronic opium habit  
 Chronic cocaine habit  
 Chronic morphine habit  
 Chronic barbiturate habit  
 Chronic strychnine habit  
 Chronic arsenic habit  
 Chronic lead habit  
 Chronic mercury habit  
 Chronic silver habit  
 Chronic gold habit  
 Chronic platinum habit  
 Chronic iron habit  
 Chronic copper habit  
 Chronic zinc habit  
 Chronic nickel habit  
 Chronic cobalt habit  
 Chronic manganese habit  
 Chronic barium habit  
 Chronic strontium habit  
 Chronic calcium habit  
 Chronic magnesium habit  
 Chronic sodium habit  
 Chronic potassium habit  
 Chronic lithium habit  
 Chronic beryllium habit  
 Chronic boron habit  
 Chronic fluorine habit  
 Chronic chlorine habit  
 Chronic bromine habit  
 Chronic iodine habit  
 Chronic sulfur habit  
 Chronic phosphorus habit  
 Chronic carbon habit  
 Chronic hydrogen habit  
 Chronic oxygen habit  
 Chronic nitrogen habit

Other contributory causes of importance:

Primary seat of cancer unknown

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).....

(Address).....

4/24/34

MAR 13 1958