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.

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

Do not use this space.

FEB 19 1936

445

1. PLACE OF DEATH
County Callaway
Township
City Cedar
Registration District No. 213
Primary Registration District No. 5-152
File No.
Registered No. 1
(No. St. Ward)

2. FULL NAME George Hidlebaugh
(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 20 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) M
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Lena Lincoln
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-19-1867
7. AGE YEARS 67 MONTHS 3 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Henry Hidlebaugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Anna Sharpe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT (ADDRESS) Mrs Les Hidlebaugh Cedar City
18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview DATE Jan 15 36
19. UNDERTAKER (ADDRESS) Lawson & Tamm J C Mo
20. FILED 1/15/ 1936 W Bedford M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1936

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1936, to January 13, 1936
I last saw him alive on January 13, 1936. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:
Infection of left ankle followed by suppuration & gangrene
Date of onset: from history must have been about Dec. 29

Other contributory causes of importance:
slight abrasion on left ankle permitting the infection

Name of operation none Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No
Accident, ~~suicide, or homicide?~~ Date of injury 12/29, 1935
Where did injury occur? Callaway Co, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Unknown
Manner of injury as above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. O. Jove, M. D.
(Address) Jefferson City, Mo