

MARGIN RESERVED FOR BINNING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. NO. 2
100M-11-24-33

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.

FEB 7 1936

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

Do not use this space.

487
4.

1. PLACE OF DEATH

County Cape Girardeau
Township Appleton
City Hammond (No.)

Registration District No. 1152
Primary Registration District No. 51769

File No.
Registered No.
St. Ward)

2. FULL NAME

Abraham J Hildebrand

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>009, 1881</u>		
7. AGE	YEARS	MONTHS
	<u>54</u>	<u>3</u>
		DAYS
		<u>10</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farming</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 18, 1936</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hammond Mo.</u>		
MOTHER	13. NAME <u>Oliver Hildebrand</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hammond Mo.</u>	
	15. MAIDEN NAME <u>Catharina Probst</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rolling Mo.</u>	
17. INFORMANT <u>Joe Hildebrand</u> (ADDRESS) <u>Hammond, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Logans Chapel</u> DATE <u>Jan 21, 1936</u>		
19. UNDERTAKER <u>Coyne & Miller</u> (ADDRESS) <u>Hammond, Mo.</u>		
20. FILED <u>2/3/36</u> 1936 <u>N. J. Hines</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 - 1936

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:
Heart Failure Date of onset

Other contributory causes of importance
none

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) J. A. Moore, M.D.
(Address) Conover

