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

DEC 30 1936

Do not use this space.

44033

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 1152 File No. 3
Township Apple Creek Primary Registration District No. 5176c Registered No.
City (No. , St. Ward)

2. FULL NAME Daniel J. Hilderbrand
(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: 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: Amy A. Hilderbrand
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 9th, 1873.
7. AGE: YEARS 63 MONTHS 8 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.
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): Hilderbrand, Mo. Cape Co.

FATHER
13. NAME: Oliver Hilderbrand.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Co. Mo.

MOTHER
15. MAIDEN NAME: Katherine Probst.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Co, Mo.

17. INFORMANT (ADDRESS): John L. Riehn Millersville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sargent Chapel. DATE 12/3 1936
19. UNDERTAKER (ADDRESS): Cracraft + Allen. Jackson, Mo.
20. FILED 12/10 1936 N. F. Glass Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2, 1936
22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1936, to 12-2, 1936
I last saw him alive on 11-30-, 1936 Death is said to have occurred on the date stated above, at 5:15A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1½ yr.

Other contributory causes of importance:

Name of operation No. 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) Oscar A Carron M.D., M. D.
(Address) Perryville, Mo.