

APR 16 1937

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

Do not use this space.

11471

1. PLACE OF DEATH

County Cape Girardeau @ Registration District No. 1157
Township Apple Creek Primary Registration District No. 5796
City (No. St. Ward)

File No. 2
Registered No.

2. FULL NAME

Amey A. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob Hilderbrand</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13, 1877</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>9</u>
	DAYS <u>23</u>	IF LESS than 1 day,hrs. ormin.
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

12. BIRTHPLACE (CITY OR TOWN) Year, Daisy
(STATE OR COUNTRY) Mo.

13. NAME Jesse Crites

14. BIRTHPLACE (CITY OR TOWN) Year, Daisy
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Emaline Steffen

16. BIRTHPLACE (CITY OR TOWN) Year, Sedgewick
(STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. John R. Rich
(ADDRESS) Hilderbrand, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sturgeon Chapel DATE 4-7 1937

19. UNDERTAKER Orlando Miller-Allen
(ADDRESS) Jackson, Mo.

20. FILED 4/16 - 1937 J. J. Ward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936, to April 6 1937

I last saw her alive on Mar 23 1937. 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:

Cardio-vascular renal syndrome 3 yrs
Date of onset

Other contributory causes of importance:

Name of operation none 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? no
If so, specify

(Signed) D. R. DeLoach, M. D.
(Address) Jackson, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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