REC'D APR 20 1939

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

Do not use this space.

11857

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No.
Township — Primary Registration District No. 3899 — Registered No. 91
City Sedalia (No. ..., ... St. ..... Ward)

2. FULL NAME 435 John M. Hilden
(a) Residence, No. 205 East Jackson St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Mrs. Hattie M. Hilden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 29, 1877

7. AGE: YEARS 62 — MONTHS 1 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mo. Pac. Shops
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Car carpenter
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): Cooper County — 0

FATHER
13. NAME: John Hilden — Missouri — 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown — Germany — 1

MOTHER
15. MAIDEN NAME: Christine Zeringer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown — Ohio

17. INFORMANT (ADDRESS): Mrs. Hattie M. Hilden — 205 East Jackson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 3/7/39, 19

19. UNDERTAKER (ADDRESS): Duane Ewing — Sedalia, Mo. — 906

20. FILED 3-7-1939 Mrs Harry Sulld, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1939, to Mar 7, 1939
I last saw him alive on March 4, 1939. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi-pneumonia following Influenza	[illegible] 1939
Other contributory causes of importance: Chronic Alcoholism	[illegible]

Name of operation: None — Date of: None
What test confirmed diagnosis? Chronic — Was there an autopsy? No

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: None
(Signed) [illegible], M. D.
(Address) Sedalia Mo

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.

Dr. McNeil
111 West 4th

RECEIVED
District Health Officer No. 8,
District File Number H/10/38
Date Filed