

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

Do not use this space.

17910

25 1929

**1. PLACE OF DEATH**

County Henry Registration District No. 348  
 Township Osage Primary Registration District No. 5486  
 City Brownington (No. .... St. .... Ward)

File No. ....  
 Registered No. 284

**2. FULL NAME**

Margaret Elzina Bilderback

(a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) 20 yrs. .... mos. .... da. ....  
 Length of residence in city or town where death occurred 20 yrs. .... mos. .... da. ....  
 How long in U.S., if of foreign birth? yrs. .... mos. .... da. ....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-19-1862

7. AGE YEARS 07 MONTHS 03 DAYS 20 If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housekeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Conroy Mo  
 (STATE OR COUNTRY) Laclede Co

10. NAME OF FATHER Thomas Bilderback

11. BIRTHPLACE OF FATHER (CITY OR TOWN) State Penn  
 (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Berneh Rinow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) State Penn  
 (STATE OR COUNTRY) .....

14. INFORMANT Mrs. T. J. Bilderback  
 (Address) Brownington, Mo.

15. FILED May 15 1929 C. D. Taylor, M.D.  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1929

17. I HEREBY CERTIFY, That I attended deceased from .....  
 to ..... 19....., to ..... 19.....  
 that I last saw h. .... alive on ..... 19....., and that  
 death occurred, on the date stated above, at ..... 5:30 P. .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
She was dead when I arrived. Presumably  
from apoplexy  
 (duration) yrs. .... mos. .... da. ....

CONTRIBUTORY (SECONDARY) .....  
 (duration) yrs. .... mos. .... da. ....

18. WHERE WAS DISEASE CONTRACTED 7401  
 IF NOT AT PLACE OF DEATH, .....

19. DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....  
 (Signed) C. D. Taylor, M. D.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state  
 (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or  
 HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maplewood Cemetery DATE OF BURIAL May 11 1929

20. UNDERTAKER C. A. Rickett, Brownington, Mo.  
 ADDRESS .....

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.

PERMANENT RECORD

1 1 2 2 2

