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

Do not use this space.

File No. 20583 a

Registered No. 23

1928 JAN

1. PLACE OF DEATH

County Barry

Township Flatcreek

City Cassville (No. ..... St. ..... Ward)

Registration District No. 29

Primary Registration District No. 4021

2. FULL NAME Charles Killgore Chanslor

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR ~~WIFE OF~~ Jennie Chanslor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15th. 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	0	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Banker

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mason Co. Kentucky.

PARENTS

10. NAME OF FATHER James Chanslor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mason Co. Kentucky.

12. MAIDEN NAME OF MOTHER Eliza Killgore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mason Co. Kentucky.

14. INFORMANT Dema Chanslor Weymouth
(Address) Los Angles California.

15. FILED Dec 1, 1927 Mrs H. R. Williams REGISTRAR
Dpt

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2nd. 1927.

17. I HEREBY CERTIFY, That I attended deceased from ~~at time~~ for past 3 months, 19..., to ..., 19..., that I last saw him alive on July 1, 1927, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Oesophagus
and Kidney (duration) fractured leg

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

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) O. K. Chanslor, M. D.
, 19 (Address) Cassville Mo

*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 Cassville Oak Hill. DATE OF BURIAL 7/3/1927

20. UNDERTAKER Horine Funeral Service ADDRESS Cassville.

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.