

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

Do not use this space.

6743

**1. PLACE OF DEATH**

County Jackson  
Township Kan  
City Kansas City (No. Ramos Party Genl Hosp)

Registration District No. 399

Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 200  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Chilton Willard

(a) Residence. No. 2925 Floral St. 4 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)**

Single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** 10-17-1923

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
25	4	6	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Stock Clerk  
(b) General nature of industry, business, or establishment in which employed (or employer) Dierks Lumber Co  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**10. NAME OF FATHER** Dr. T. W. Chilton

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**  
(STATE OR COUNTRY) Missouri

**12. MAIDEN NAME OF MOTHER** Leona Parks

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**  
(STATE OR COUNTRY) Missouri

**14.**

INFORMANT Reena Beck  
(Address) Kansas City Genl Hosp

**15.**

FILED 2-27-29 M. M. Cline REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 2-24-1929

**17. I HEREBY CERTIFY, That I attended deceased from** 2-23- 1929, to 2-24- 1929  
that I last saw him alive on 2-24- 1929, and that death occurred, on the date stated above, at 6:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Epidemic meningitis

**CONTRIBUTORY (SECONDARY)** 18  
24 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_**

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) P. E. Willcox, M. D.

2-28, 1929 (Address) Supl. K. B. Genl Hosp

\*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** Ellington Mo **DATE OF BURIAL** 2-27 1929

**20. UNDERTAKER** Ogden Funeral Home 1800 Euwood  
**ADDRESS**

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.

