MAY 23 1929

4
4
7

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

Do not use this space.

13760

1. PLACE OF DEATH Died at Audrain Co Hospital
County Audrain Registration District No. 26
Township ~~Wilson~~ Saltriver Primary Registration District No. 3002
City ~~Centralia~~ Mexico Mo (No. ..... St. ..... Ward)

File No. .....
Registered No. 60

2. FULL NAME John Roland Kilgore
(a) Residence No. Centralia Mo 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 OF (OR) WIFE OF Julia Kilgore

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	3	5	

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

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

PARENTS
10. NAME OF FATHER John Kilgore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Audrain
(STATE OR COUNTRY) Co Mo
12. MAIDEN NAME OF MOTHER Mary Watts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Audrain
(STATE OR COUNTRY) Co - Mo

14. INFORMANT Mrs Tom Jones
(Address) Mexico Mo

15. April 26th, 1929 Ira S. Milligan
FILED REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25th 1929

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1929, to April 24, 1929 that I last saw him alive on April 24, 1929, and that death occurred, on the date stated above, at 11:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis -
131 cause undetermined.
93a
137 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
Hypertrophied Prostate (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED Mexico, Mo
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) S. C. Krashear, M. D.
4/25, 1929 (Address) Mexico, 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	DATE OF BURIAL
Catholic Cem Mexico Mo	4-26 1929
20. UNDERTAKER	ADDRESS
H A Precht & Son	Mexico 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.