

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

Do not use this space.

27940
3633

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 399
Primary Registration District No. 1004

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3921 Troost St. 13 Ward.

Length of residence in city or town where death occurred 27 yrs. mos. 05 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. Bellie Prather Chilcott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18-1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	60	10	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Mesker-Leicher Co. Joplin Mo.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Ames Chilcott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Cynthia Anderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Mrs. Bellie P. Chilcott
(Address) 3921 Troost

15. FILED 8/26 1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Friday Aug 23, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1929, to Aug 23, 1929, that I last saw him alive on Aug 20, 1929, and that death occurred on the date stated above, at 6:25 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
821 Arterio Sclerosis
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis - Arterio Sclerosis
(duration) yrs. 2 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. J. Jones, M. D.
8-24-1929 (Address) 821 Angelle Bldg

*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 Forest Hill DATE OF BURIAL 8-26 1929

20. UNDERTAKER Elyse Funeral Home ADDRESS 1800 Linwood

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.

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No 4351 Dec 22 1954 80

Line 8115
C. J. ...