

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

Do not use this space.

10689

1. PLACE OF DEATH

62 County Madison
1 Township
4 City Fredericktown, Mo. (No. _____) St. _____ Ward _____

Registration District No. 539
Primary Registration District No. 3028

File No. _____
Registered No. _____

2. FULL NAME

Josephine Chilton
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Raleigh Chilton

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec. 23 - 1854

7. AGE

YEARS	MONTHS	DAYS
76	3	-

If LESS than 1 day, _____ hr. 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) 1:5

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Iron Co. Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Jefferson Ronald

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Van. Ind.

12. MAIDEN NAME OF MOTHER

Felicia Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Iron Co. Mo.

14. INFORMANT

Raleigh Chilton
(Address) Fredericktown Mo.

15. FILED

Mar 21 1931 C. U. Daulton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

March 23 1931

17.

I HEREBY CERTIFY, That I attended deceased from 2-1, 1931, to 3-23, 1931, that I last saw him alive on 3-23, 1931, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of descending colon
465
11B

(duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Legionnaires
(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY.

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. Brown, M. D.

3/23, 1931 (Address) Fredericktown 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

Christian Cem. City March 25 1931

20. UNDERTAKER

ADDRESS

Ed. H. Webb, Fredericktown, Mo.

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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