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

Do not use this space.

11218

1. PLACE OF DEATH
County Ray — Registration District No. 744 — File No.
Township Richmond — Primary Registration District No. 3035 — Registered No. 28
City Richmond (No. ..... St. ..... Ward)

2. FULL NAME Kate Tilton
(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: Male
4. COLOR OR RACE: Black
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) Jan. 20 1896

7. AGE: YEARS 35 — MONTHS 2 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Rube Tilton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Hamiett Brock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Carroll Co. Mo.

14. INFORMANT Mrs. Chas. Lima
(Address) 2000 Prospect, K.C. Mo.

15. FILED Mar 25, 1931 — E. E. Gay, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1931, to ——, 19..., that I last saw him alive on ——, 19..., and that death occurred, on the date stated above, at 11.30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental,
Ruptured liver, from a fall in scuffling.
1868 (duration) ..... yrs. ..... mos. 1 hr. ..... ds.
1948
CONTRIBUTORY (SECONDARY) ——
1866 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED ——
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? no DATE OF 0
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) A G W Gaines, Coroner, M. D.
Mar 22 1931 (Address) Royville 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: Sunny Slope Richmond Mo. — DATE OF BURIAL: 3/23/31 19

20. UNDERTAKER: C. M. Joiner — ADDRESS: Richmond Mo.

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.

APR 25 1931