

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

Do not use this space.

13449

1. PLACE OF DEATH

County Carter
Township Pike
City (No.)

Registration District No. 146
Primary Registration District No. 5209

File No.
Registered No. 13

2. FULL NAME

William 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX M 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 Lydia (Widow) Chilton

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

FATHER 13. NAME Jac. Chilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Mary Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Chas. Chilton

18. BURIAL, CREMATION, OR REMOVAL PLACE Freshem Cem. DATE April 27, 1937

19. UNDERTAKER (ADDRESS) Wm. Pyatt, Ellington, Mo.

20. FILED Apr 26, 1937 Jessie D. Schuff Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1937, to Apr. 25, 1937. I last saw him alive on Apr. 24, 1937. Death is said to have occurred on the date stated above, at 5209 m. The principal cause of death and related causes of importance were as follows:

Fracture of hip
General debility, incident to age.

Other contributory causes of importance:

1860
1860
1860

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 4-16-37, 1937. Where did injury occur? Pike Sup. Court Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In son's home
Manner of injury fell off porch to ground.
Nature of injury fract. femur, hum. neck.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) T. W. Collins, M. D.
(Address) Van Buren.

N. B.—Every item of information should be carefully supplied. No statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 2 1 1937

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Charter
Township Dike
City (No.) St. Ward

Registration District No. 146
Primary Registration District No. 5209

File No.
Registered No. 13

2. FULL NAME William 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 8 1 20

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

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

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

FILE Apr 18 1931

Jessie D. Selph
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 25 - 19 31

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... (that I last saw h. after on) 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

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)....., M. D. , 19 (Address)

*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

19

20. UNDERTAKER

ADDRESS

N. B. Every item of information should be applied. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-13449