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

Do not use this space.
21422

1. PLACE OF DEATH

County Jackson Registration District No. 395

Township Kaw Primary Registration District No. 5002

City Kansas City (No. 3501 Jefferson St. 2558 Ward)

File No.

Registered No. 2558

2. FULL NAME Charles P. Tilden

(a) Residence. No. 3501 Jefferson St., 5 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 Sallie Sterrett Tilden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	11	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Banker. Former Secretary of the Pioneer

(b) General nature of industry, business, or establishment in which employed (or employer) Trust Company

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Charles N. Tilden

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

12. MAIDEN NAME OF MOTHER Mary Weller

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

14. INFORMANT Mrs. C. P. Tilden
(Address) 3501 Jefferson St.

15. FILED 6/9 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1930 to June 8, 1931 that I last saw him alive on June 6, 1931, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the prostate gland
51C

(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) 51C

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 10, 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic exam of tissue

6/9, 1931 (Signed) Frank M. Denedon M. D.
(Address) 838 Argyle Bldg KCMo.

*State the DISEASE CAUSING DEATH, or if 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~~ Mt. Washington Cem. DATE OF BURIAL 6- 1931

20. UNDERTAKER Stine + McClure ADDRESS 3235 Gillham Plaza

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Frank M. Benson
Argyle Building
VI-7474 Hours