CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo...

JUL 25 1931

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

Do not use this space.

22040

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 64
City Chillicothe (No. ..... St. ..... Ward)

2. FULL NAME Margarett McGilton
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July-23-1856

7. AGE: YEARS 74 — MONTHS 10 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

FATHER
13. NAME: Thomas Snyder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Sarah Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Mary Wilmoth Kansas Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cem DATE June 11, 1931

19. UNDERTAKER (ADDRESS): Jas D Gordon Chillicothe Mo

20. FILED 6/11, 1931 Reuben Barney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June-8-, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1931, to June 8, 1931
I last saw her alive on June 8, 1931. Death is said to have occurred on the date stated above, at 12:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 8, 1931
82A	

Other contributory causes of importance: 82a

0

Name of operation: none — Date of: —
What test confirmed diagnosis? symptoms — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none — Date of injury ....., 19....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
—
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify .....
(Signed) C M Grace, M. D.
(Address) Chillicothe Mo.