

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

Do not use this space.

**30549**

**1. PLACE OF DEATH**

County Buchanan Registration District No. 1001  
Township St. Ashington Primary Registration District No. 2309  
City St. Joseph (No. 2309) Douglas (Ward)

File No. \_\_\_\_\_  
Registered No. 910

**2. FULL NAME**

(a) Residence, No. 3309 Douglas Ave. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1931

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

22. I HEREBY CERTIFY, That attended deceased from Feb 6, 1931 to Sept 2, 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25/1854

I last saw him alive on Sept 21, 1931. Death is said to have occurred on the date stated above, at 39 m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>8</u>	<u>7</u>	

The principal cause of death and related causes of importance were as follows:

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

Uremic Coma  
Acute nephritis  
caused by 97

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

1300  
Arterio sclerosis

10. Date deceased last worked at this occupation (month and year) years ago 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: 320  
570

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Missouri

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Physical Was there an autopsy? no

13. NAME Joshua Chilcoat

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Licity Chilcoat 3309 Douglas Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE Sept. 3, 1931

19. UNDERTAKER (ADDRESS) E. O. Gidenfaden 602 So. 10th St.

20. FILED 9-3-31 19 John R. Bendure Registrar

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. B. Bell M. D.  
(Address) 824 Ederwood

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

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.

OCT 28 1931

