WHITE 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 22 1931

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 30586

Township — Primary Registration District No. 1001 — Registered No. 949

City St Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME John H Chilcoat

(a) Residence, No. St., Ward. Savannah Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
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) unknown
11. Total time (years) spent in this occupation unknown

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

FATHER

13. NAME John Chilcoat
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER

15. MAIDEN NAME Ira Estes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Mrs Emma Chilcoat Savannah Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah Missouri DATE Sept. 15 1931

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1803 Union st. St Joseph Mo.

20. FILED SEP 14 1931, 19 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sep. 12, 1931, to Sep. 13, 1931

I last saw him alive on Sep. 13, 1931. Death is said to have occurred on the date stated above, at 2:15P m.

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

	Date of onset
Fracture (Compressed) of the 4th dorsal vertebra with hemorrhage into cord	Sep. 12
212 F	'931
212 M	
82 D	

212

Other contributory causes of importance:
Paralysis below shoulders except left arm
Thrown from horse

Name of operation None Date of —

What test confirmed diagnosis? X-Ray & Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sep. 12, 1931

Where did injury occur? Savannah, Andrew Co., Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On highway

Manner of injury Thrown from highway

Nature of injury Fracture - dislocation spine

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Caryl Potter, M. D.

(Address) 731 Faram St. Joseph, Mo.