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

Do not use this space.

22930

File No. 2042
Registered No. 2042

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City KANSAS CITY (No. 3412 BALES St. Ward)

2. FULL NAME WILLIAM F TILTON
(a) Residence, No. 3412 BALES St., 14 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: 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~~ MRS. FRANCES J. TILTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-26-1860

7. AGE: YEARS 72 | MONTHS 1 | DAYS 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CLAIM AGENT
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HARBISON MFG. CO.
10. Date deceased last worked at this occupation (month and year) JANUARY-1931
11. Total time (years) spent in this occupation 15 YRS

12. BIRTHPLACE (CITY OR TOWN) AFTON
(STATE OR COUNTRY) MINNESOTA

FATHER
13. NAME WILLIAM TILTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. FRANCES J. TILTON
(ADDRESS) 3412 BALES AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. WASHINGTON DATE JULY-22 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED July 21, 1932 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from MARCH 7, 1932, to JULY 19, 1932
I last saw him alive on JULY 19, 1932. Death is said to have occurred on the date stated above, at 5:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE DILATATION OF THE HEART.	

Other contributory causes of importance:
SECONDARY ANEMIA, AND SENILITY.

Name of operation ——— Date of ———
What test confirmed diagnosis? PHYSICAL EXAMINATION Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ——— 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) Maclean Sayers, M. D.
(Address) 508 SHUKERT BLDG. - K.C. MO.

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.

Rev. Maclay Lyon
508 Shukert Bldg
11-12:30