

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.

NOV 23 1932

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

Do not use this space.
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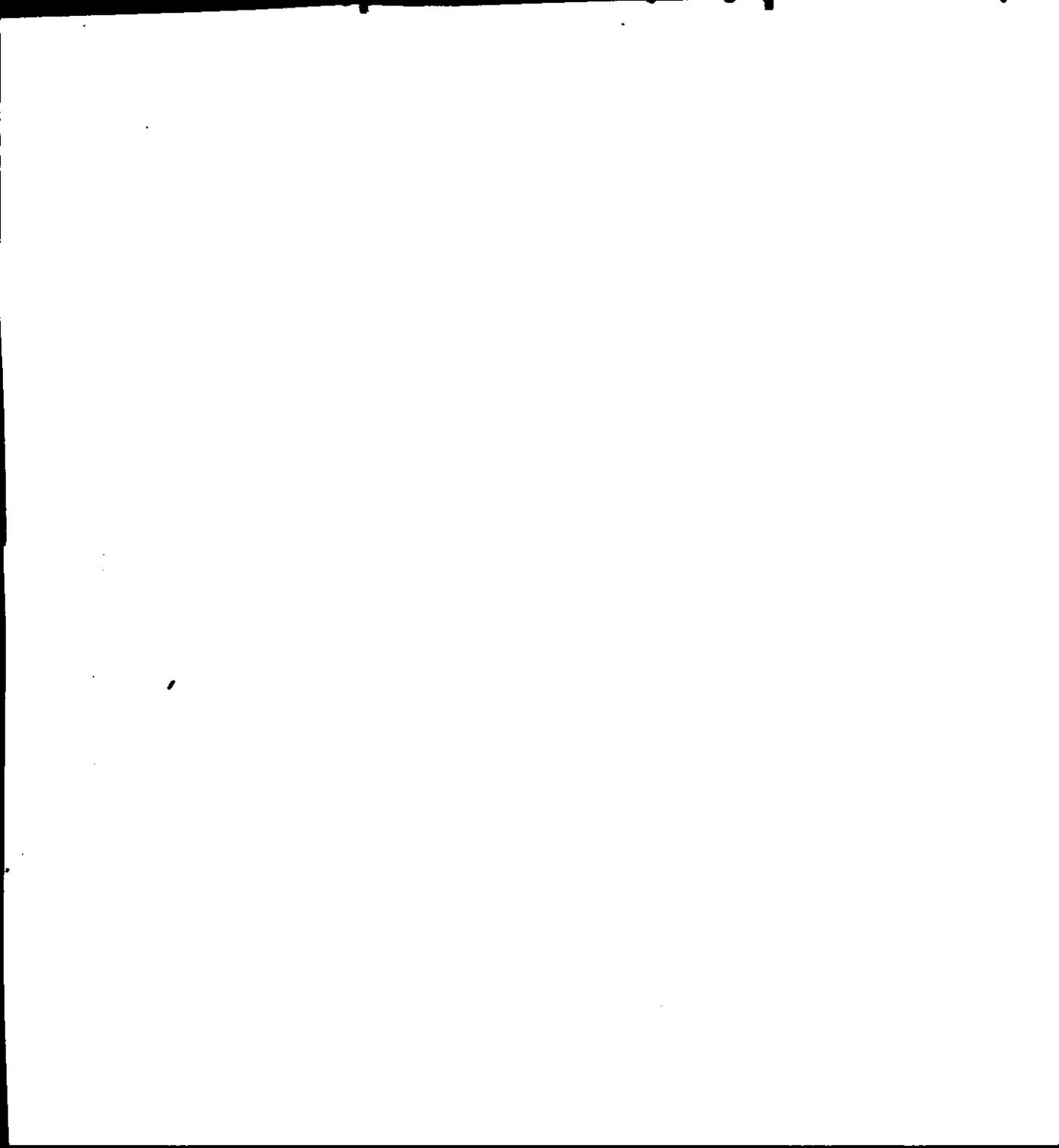
1. PLACE OF DEATH
 39 County Greene Registration District No. 316
 Township Home Primary Registration District No. 3435
 City Ash Grove (No. _____) St. _____ (Ward) _____
 2. FULL NAME Edward Mack Chilass
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Clara Chilass
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 14
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & machinist
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1
 10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 60 days
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove Mo
 13. NAME William Le Chilass
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain
 15. MAIDEN NAME Lawson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain
 17. INFORMANT Daryl Chilass
 (ADDRESS) Ash Grove Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Grove DATE 10-17-1932
 19. UNDERTAKER Funeral Home - Feiman
 (ADDRESS) Ash Grove Mo
 20. FILED 11/6 19 32 Dr. Charles H. Orr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16-1932
 22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Oct 15 1932
 Last saw him alive on Oct 15 1932. Death is said to have occurred on the date stated above, at 5:29 a.m.
 The principal cause of death and related causes of importance were as follows:
probable carcinoma of sigmoid & liver
 Other contributory causes of importance: (D)
 Name of operation none Date of no
 What test confirmed diagnosis? clinical 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?
 If so, specify none that I know of
 (Signed) Charles H. Orr, M. D.
 (Address) Ash Grove Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Gallatin
Township Boone
City (No. _____) _____

Registration District No. 316
Primary Registration District No. 57435

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME

Edward Mack Chilcutt

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/16/1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____ 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Probably Carcinoma of Esophagus & Liver
Primary Seat - sigmoid.

Date of onset _____

Other contributory causes of importance: 460

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE.

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