

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

Do not use this space.

17109

1. PLACE OF DEATH

County Macon Registration District No. 527
 Township Barber Primary Registration District No. 5763
 City Barber (No. _____) St. _____ Ward _____

2. FULL NAME

(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 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 Goddie Kilgore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 65 11 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Kentucky

FATHER 13. NAME Wm Kilgore

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

MOTHER 15. MAIDEN NAME Nancy Johnson

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

17. INFORMANT (ADDRESS) Mrs James Kilgore Barber mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE East oak wood DATE May 23 1933

19. UNDERTAKER (ADDRESS) Henry L Edwards Barber mo.

20. FILED 5-22 1933 Danf Edwards Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1937
 22. I HEREBY CERTIFY, That I attended deceased from June 15 1932 to May 21 1937
 I last saw him alive on May 19 1933. Death is said to have occurred on the date stated above, at 9:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Mitral Incompetency and Chron. nephritis

Other contributory causes of importance: 131 131

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys Exam Where 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) W. W. Welch, M. D.

(Address) Callas Mo.

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.

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