JAN 26 1934

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

Do not use this space.

35977

1. PLACE OF DEATH
22 County Christian — Registration District No. 185 — File No.
Township Bruner — Primary Registration District No. 6251 — Registered No.
City P.O. Kiltner (No. ..... St. ..... Ward)

2. FULL NAME Rachel Emoline Kiltner

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF~~ William Kiltner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23 1852

7. AGE: YEARS 81 — MONTHS 8 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

PARENTS
10. NAME OF FATHER John P. Hart.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Mary Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT John Harviel (Address) Kiltner Mo

15. FILED 1-8 1934 Mrs. L. B. Clemens REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14th 1933

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1925, to Nov 14th, 1933 that I last saw her alive on Oct 10, 1933 and that death occurred, on the date stated above, at 11-10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Mitral Regurgitation
92A
156A (duration) 7 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Acute Arthritis (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
O DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phy ex
(Signed) H. J. Wise, M. D.
11/20 1933 (Address) Sparta Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Harviel Cemetery — DATE OF BURIAL: 11-15 1933

20. UNDERTAKER: Rathbun & Chabbin — ADDRESS: Sparta Mo.

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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.