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

Do not use this space.

41019

JAN 26 1934

1. PLACE OF DEATH

County Pike — Registration District No. 689

Township Buffalo — Primary Registration District No. 3033

City Louisiana (No. Cor Main & Geo St. Ward)

File No.

Registered No.

2. FULL NAME Chilton Kelso

(a) Residence, No. Louisiana, Mo 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19 1833.

7. AGE — YEARS: 50. MONTHS: 10 DAYS: 28. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Jno. Kelso

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

MOTHER

15. MAIDEN NAME Lucinda Fields.

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

17. INFORMANT Mrs Maude Grady (Sister)
(ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverview DATE 12-19 1933

19. UNDERTAKER J. C. Hallenbach
(ADDRESS) Louisiana Mo

20. FILED 12/19/1933 J. C. Hallenbach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17 - 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1933, to Dec 17, 1933

I last saw him alive on Dec 17, 1933. Death is said to have occurred on the date stated above, at 11:35 P.M.

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

	Date of onset
~~Accident~~ Shock & hemorrhage	
207 M	
103 B	

Other contributory causes of importance: accident - was attempting to board a moving freight train Dec 16-33 about 2:30 p

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? 0
If so, specify

(Signed) W. Allen Dan, M. D.
(Address) Louisiana 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.