

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 726
 City Kansas City (No. Research Hospital) St. _____ Ward _____

1486
File No. 469
Registered No. _____

2. FULL NAME Charles R. Tilghman

(a) Residence, No. 6300 Grand Avenue St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 7 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Supervisor Western Union

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 2 yrs.

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 61

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

13. NAME Thomas E. Tilghman

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

15. MAIDEN NAME Sarah Bugbie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown U.S.A.

17. INFORMANT (ADDRESS) Mrs. I. M. Herndon 6300 Grand Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cinn, Ohio DATE 2-2-34 19

19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City, Kansas

20. FILED Jan 30 1934 M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1933, to January 29, 1934

I last saw him alive on Jan 29, 1934. Death is said

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

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

Pneumonia Lobar Hypostic Date of onset _____
51 F
51 F
100
 Other contributory causes of importance:
Peri carditis
Carcinoma Urinary Bladder Primary
Carcinoma Right Kidney Secondary

Name of operation no Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) [Signature], M. D.

(Address) 1019 Poplar

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.

Dr. R. Lee Hoffman
Professional Bldg.
Until 4 o'clock.

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