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.

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

Do not use this space.

SEP 11 1934

File No. 25449

Registered No. 189

1. PLACE OF DEATH

County Butler — Registration District No. 89

Township — Primary Registration District No. 3007

City Poplar Bluff (No. , St. Ward)

2. FULL NAME George Chilton

(a) Residence, No. North Poplar Bluff, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	negro	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	5	7	

OCCUPATION

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

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) Chilton
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Robert Chilton
(ADDRESS) Poplar Bluff, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE City DATE Aug. 29, 1934

19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Missouri

20. FILED 8-29-1934 W. S. Bailey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1934

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

I last saw him alive on August 20 1934 Death is said to have occurred on the date stated above, at 8:P a.m.

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

	Date of onset
Myocarditis (Chronic)	Aug 25 1934
936	

Other contributory causes of importance:

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) J. W. Morris, M. D.

(Address) Poplar Bluff, Mo