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.

MAR 25 1935

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

Do not use this space.

5062

File No. 3

Registered No.

1. PLACE OF DEATH

County GREENE Registration District No. 320

Township CENTER Primary Registration District No. 5443

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME MATILDA CATHRYNE CHILCUTT

(a) Residence, No. HOME NEAR ELWOOD 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: FEMALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 12th 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	8	3	

OCCUPATION

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

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) MISSOURI

FATHER

13. NAME AARON NUTT

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

MOTHER

15. MAIDEN NAME CALDONE BLACKMAN

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

17. INFORMANT W. P. Chilcutt
(ADDRESS) Bois d'Arc Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE BROOKLINE, MISSOURI DATE 2/17 1935

19. UNDERTAKER R. E. Pierman
(ADDRESS) Republic Mo

20. FILED 2/17 1935 Lucy R. Hoyal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1934 to Feb 15, 1935

I last saw h. alive on January 23, 1935. Death is said to have occurred on the date stated above, at 1:30 P. m.

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

	Date of onset
Valvular Disease of Heart with Fatty Degeneration	

Other contributory causes of importance:

Senility	

Name of operation none Date of —

What test confirmed diagnosis? Typical Sy. Was there 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) E. L. Beal, M. D.

(Address) Republic Mo