OCT 25 1935

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

Do not use this space.

30112

1. PLACE OF DEATH
County Marion — Registration District No. 548. — File No.
Township Liberty — Primary Registration District No. 5740. — Registered No. 58.
City ~~Palmyra~~ (No. Palmyra Infirmary St. Ward)

2. FULL NAME John Charlton
(a) Residence, No. Palmyra St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5th. 1865

7. AGE: YEARS 70 — MONTHS 8 — DAYS 25. — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Benj. F. Charlton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Palmyra Infirmary Palmyra Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flint Hill, Hannibal DATE 10/2/35 19

19. UNDERTAKER (ADDRESS) James Odonnell Hannibal Mo

20. FILED Sept. 30. 1935. Gertrude Lee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16th, 1935 to Sept. 30, 1935
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 40 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic valvular (mitral) heart trouble

Date of onset

Other contributory causes of importance: 99 R

Name of operation No — Date of
What test confirmed diagnosis? Clinical — 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 Dr. W. C. Oneal.
(Signed) ....., M. D.
(Address) Palmyra, Mo.

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.