

JUL 16 1936

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

Do not use this space.

1. PLACE OF DEATH

 County Audrain
 Township Salt River
 City Mexico

 Registration District No. 26
 Primary Registration District No. 3002
 (No. Audrain County Hospital)

 File No. 48405
 Registered No. 1/20
 St. _____ Ward)
2. FULL NAME Kathryn McIlhatton
 (a) Residence, No. R. F. D. #4 Mexico, Mo. St. Ward.

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Stillborn</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stillborn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18, 1936</u>		
7. AGE YEARS	MONTHS	DAYS
<u>Stillborn</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) Mexico
(STATE OR COUNTRY) Missouri13. NAME Burton ~~Ilhatton~~ McIlhatton14. BIRTHPLACE (CITY OR TOWN) Iowa
(STATE OR COUNTRY)15. MAIDEN NAME Elsie Anderson16. BIRTHPLACE (CITY OR TOWN) South Dakota
(STATE OR COUNTRY)17. INFORMANT Burton McIlhatton
(ADDRESS) R. 4 Mexico, Missouri18. BURIAL, CREMATION, OR REMOVAL
PLACE Bean Creek Audrain Co. June 19, 193619. UNDERTAKER Chas. Arnold Jr.
(ADDRESS) Mexico, Missouri20. FILED June 19, 1936 Blanche Reely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1936 19
 22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to June 18, 1936, 19
 I last saw her alive on Stillborn, 19 36 Death is said to have occurred on the date stated above, at 1 P. m.

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

Stillborn

Date of onset

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) R. S. Williams, M. D.(Address) 117 E. Jackson Mexico, 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.

