

SEP 24 1937

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

Do not use this space.

31518

1. PLACE OF DEATH

County Peoria
Township Leavenworth
City Leavenworth

Registration District No. 707
Primary Registration District No. 5-936

File No. _____
Registered No. 6

2. FULL NAME

~~Harmon Chilton~~ Bobby Dee Chilton

(a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 6

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) Brighton Mo

13. NAME Bobby Dee Chilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Mo

15. MAIDEN NAME General Fay Chilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Mo

17. INFORMANT (ADDRESS) B. W. Chilton

18. BURIAL, CREMATION, OR REMOVAL PLACE Blair DATE July 22 1937

19. UNDERTAKER (ADDRESS) Geo. Chilton Brighton

20. FILED Aug 13 1937 Ward Hattie M. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-37

22. I HEREBY CERTIFY, That I attended deceased from 7-7-37 to 7-7-37

I last saw him _____ alive on _____ 19____ Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Stillborn

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? h
If so, specify _____

(Signed) D. J. McKeown M. D.
(Address) Brighton 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.

