

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. Mo. Methodist Hospital)

File No. 37143
Registered No. 119
Ward

2. FULL NAME

Joshua Floyd Chilcoat

(a) Residence, No. near Oregon 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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 7 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Morgan Co Mo.

13. NAME John Chilcoat

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo.

15. MAIDEN NAME Ira Jane Estest

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo.

17. INFORMANT Mrs. Rome McHair
(ADDRESS) Ed. St. road St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem DATE 10-12-1937

19. UNDERTAKER J. Fred Terburne
(ADDRESS) Savannah Mo.

20. FILED Oct 10 1937 R. J. Kerth Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10:40 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1937, to Oct 10, 1937
I last saw him alive on Oct 9, 1937. Death is said to have occurred on the date stated above, at 10:40 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset 2 months
131
1 week

Other contributory causes of importance:
Acute Abscess of the Arm above Elbow.

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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 l
Nature of injury l

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. Robertson, M. D.
(Address) St. Joseph Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

