

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.

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County CarterTownship CarterCity Van Buren

(No. _____)

Registration District No. 143Primary Registration District No. 5-205File No. 10391

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

John Chilton

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

Length of residence in city or town where death occurred Life yrs. mos. ds.Life

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

M

4. COLOR OR RACE

W

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFNancy Jane Chilton

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

Mar. 12, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.8006

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired9. 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)

Carter Co., Mo.

FATHER

13. NAME

John J. Chilton

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

MOTHER

15. MAIDEN NAME

Sophis Chilton

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

17. INFORMANT

(ADDRESS)

Thomas ChiltonVan Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Van Buren, Mo. DATE Mar. 20 1938

19. UNDERTAKER

(ADDRESS)

Croy Funeral ServiceVan Buren, Missouri

20. FILED

3/19/1938Registrar. M. C. McCall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18 193822. I HEREBY CERTIFY, That I attended deceased from 2-19 1938 to 3-18 1938I last saw him alive on 3-18 1938 Death is saidto have occurred on the date stated above, at 7:10pm

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

Tubercular Pneumonia Date of onset 3-17Other contributory causes of importance: La Grippe 11/10Name of operation Nope Date of _____What test confirmed diagnosis? Chest 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) Wm. H. Burton, M. D.(Address) Van Buren, Mo

DATE: 10/10/80
TIME: 10:00 AM

TO: THE SECRETARY OF DEFENSE
FROM: [Illegible]
SUBJECT: [Illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or letter. The text is too light to transcribe accurately.]