

5910 JUL 18 1939

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

Do not use this space.

21393

1. PLACE OF DEATH

County ADAIR

Registration District No. 4

File No. 21393

Township

Primary Registration District No. 3001

Registered No. 151

City

KIRKSVILLE (No. Kirksville MO)

A. B. C. 0 (Hosp. Ward)

2. FULL NAME

(a) Residence, No. Chillicothe MO
(Usual place of abode)

Ward.

Chillicothe MO
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 16 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

GEORGE JILTON

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

AUG-9-1875

7. AGE

YEARS 64

MONTHS 10

DAYS 11

If LESS than 1 day, hrs. or min.

OCCUPATION

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

HOUSEWIFE

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Chillicothe MO

13. NAME

GEORGE Blythe

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

UNKNOWN IRELAND

15. MAIDEN NAME

MISS PARR

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

UNK GEORGIA

17. INFORMANT (ADDRESS)

Mr George Jilton Chillicothe MO

18. BURIAL, CREMATION, OR REMOVAL PLACE

Chillicothe MO JUNE 23 1939

19. UNDERTAKER (ADDRESS)

F. A. Meyershaen Chillicothe MO

20. FILED

June 21, 1939 Spencer L. Ince Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 20 1939

22. I HEREBY CERTIFY, That I attended deceased from

June 4, 1939, to June 20, 1939.

I last saw her alive on June 20, 1939. Death is said

to have occurred on the date stated above, at 6:30 P.M.

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

coronary occlusion

Date of onset

Other contributory causes of importance:

anterior calvar fracture
Perinonephritis
Name of operation ventilator of lungs
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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. Graves D.O.M.D.

(Address) Laughlin Hospital 2 Kirksville, MO

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X9314

Elmer Thomas

Lis # 2640

RECEIVED

District Health Officer No. 10

District File Number 7-39-1289

Date Filed JUL 13 1939