

JUL 14 1939

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

21438
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
(b) Township Salt River Primary Registration District No. 3002 Registered No. 96
(c) City Mexico Mo (d) Street No. 603-S Washington St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Julia E. Kilgore

(a) Residence, No. 603 S. Washington St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John R. Kilgore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 3 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) St. Louis, Mo.
(STATE OR COUNTRY)

FATHER 13. NAME Micheal Duggan

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

MOTHER 15. MAIDEN NAME Mary O'Sullivan

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

17. INFORMANT (ADDRESS) Mrs Thomas Jones
Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Mo.
Catholic Cemetery, DATE June 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. A. Precht & Son
Mexico, Mo.

20. FILED June 27, 19 Blanche Kelly
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1939 to June 26, 1939
I last saw her alive on June 25, 1939 Death is said to have occurred on the date stated above, at 5 A. M.
The principal cause of death and related causes of importance were as follows:

Injured by fall
Fracture of lower tibia
of right femur.

Date of onset
May 27
1939

Other contributory causes of importance:
Chronic Myocarditis Apr
Atherosclerosis 13 1936
Chronic Gastritis 7 1936

Name of operation Cast on leg Date of May 25 39
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 27 1939
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall on slat floor
Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify R. M. Van Hyngarden, M.D.
(Signed) M. J. Gies, M.D.
(Address) Mexico, 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.

RECEIVED

District Health Officer No. 10
4-39-1194

District File Number 10-1939
JUL 10 1939

Date Filed -----

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, -----

Earl E. Precht

or by -----

Registered Apprentice No. -----, working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.