

APR 9 1941

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

Do not use this space.

11882

1. PLACE OF DEATH

County St Clair Registration District No. 769 File No. 93
Township Speedwell Primary Registration District No. 6015 Registered No. 4
City Easton St. _____ Ward _____

2. FULL NAME Myrtle Katharine 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 F 4. COLOR OR RACE W 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) 2/13/41

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 13

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) El Dorado Springs
(STATE OR COUNTRY) Missouri

13. NAME John Chilton

14. BIRTHPLACE (CITY OR TOWN) Polk County
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Carrie Hanna

16. BIRTHPLACE (CITY OR TOWN) Sumner County
(STATE OR COUNTRY) Kansas

17. INFORMANT John Chilton
(ADDRESS) El Dorado Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roark DATE 2/28/41 1941

19. UNDERTAKER F. B Goodrich
(ADDRESS) Robscoe Mo

20. FILED 2-28 1941 Wm J. W. Richardson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26/41 1941

22. I HEREBY CERTIFY That I attended deceased from Feb 13, 1941, to Feb 13, 1941

I last saw her alive on Feb 25, 1941. Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Cervical portion of spine not developed. Head rested on shoulders. Unable to breathe properly.

Other contributory causes of importance: 57 yrs mother had a thyroid operation Quincy Quincy

Name of operation none Date of _____
What test confirmed diagnosis? negative Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1941

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. W. Richardson M. D.
(Address) 4415 W. 11th St. St. Clair

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 im-

RECEIVED

District Health Officer No. 7,

District File Number 4-41-603

Date Filed 4-7-41

Registration District No. 769

Primary Registration District No. 6015

Registrar's No. _____

1. PLACE OF DEATH

(a) County St. Clair

(b) City or town Speedwell T.P.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Speedwell
(If outside city or town limits, write "RURAL")

(d) Street No. El Dorado Springs 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Myrtle Katherine Chilton

3. (b) If veteran. name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive _____
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years _____ Months _____ Days 13 If less than one day _____ hr. _____ min.

Immediate cause of death _____

Duration _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

9. Birthplace (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

FATHER { 13. Birthplace (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-28-41 (b) Mrs. J. W. Richardson
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature J. H. Richardson (M. D. or other) _____
Address Jefferson 240 Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11882

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, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.