

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.

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

Do not use this space.

DEC 27 1934

1. PLACE OF DEATH

County Madison
Township Fredericktown
City Fredericktown (No.)

Registration District No. 5-38
Primary Registration District No. 3.12.28

File No. 40023
Registered No. 95-
St. Ward (.....)

2. FULL NAME

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

St. Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hanna Kilham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1, 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 9

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

13. NAME James Kilham, Senior
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co Mo

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Clarence Kilham
(ADDRESS) Boston Mass

18. BURIAL, CREMATION, OR REMOVAL
PLACE Christman Cem DATE 11/15/34

19. UNDERTAKER E. D. Welch
(ADDRESS) Fredericktown Missouri

20. FILED Nov 10, 1934 S. A. S. Coughlin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 31, 1934 to Nov 10, 1934

I last saw him alive on Nov 19, 1934 Death is said to have occurred on the date stated above, at 4:50 A.M.

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

Pericarditis Date of onset

71A 71A
Other contributory causes of importance

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1934

Where did injury occur? None (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) M. B. Backer, M. D.
(Address) Fredericktown Mo

By G. A. Schwaner

