

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

Do not use this space.

DEC 27 1934

40023

1. PLACE OF DEATH

County Madison
Township
City Fredericktown (No. St. Ward)

Registration District No. 5-38
Primary Registration District No. 3028

File No.
Registered No. 95-

2. FULL NAME James K. Kilian

(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 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 Kilian

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 Kilian, 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 Charles J. Kilian (ADDRESS) Boston Mass.

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

19. UNDERTAKER C. J. White (ADDRESS) Fredericktown Missouri

20. FILED Nov 10, 1934 S. A. S. Campbell 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:
Pericardial Aneurysm Date of onset

Other contributory causes of importance: 71A 71A

Name of operation removal Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) M. B. Backus, M. D.

(Address) Fredericktown, Mo.

By G. A. Schwanev.

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.

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