

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.

UN 26 1930

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

Do not use this space.

13379

1. PLACE OF DEATH

County Moniteau

Registration District No. 574

File No. ....

Township Linn

Primary Registration District No. 5772a

Registered No. ....

City (No. ....) St. ....

Ward) ....

2. FULL NAME Lucy Ellen Chiles

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female white married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Tarleton Chiles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29 - 1850

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

79

3

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Willis Phipps

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

Judith Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Loora Adair  
Kansas City

15.

FILED

4/10 1930 H. H. Meyers

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 8 1930

17.

I HEREBY CERTIFY That I attended deceased from 31 1930 to 4-9 1930 that I last saw him alive on 3-25 1930 and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Coronary Arteriosclerosis  
of Heart  
79 y.o.

(duration) unknown yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) unknown yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) D. K. Meredith M. D.

4-10 1930 (Address) Prairie Home Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

mt Zion Cem

4-10 1930

20. URDERTAKER

ADDRESS

C. Albert Humbeck Prairie Home Mo.

