

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.

6381-1
MAY 22 1931

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

Do not use this space.

6381-1-1
File No. 1931
Registered No. 22

1. PLACE OF DEATH

County Monteau
Township Linn
City _____ (No. _____)

Registration District No. 574
Primary Registration District No. 5772A

St. _____ Ward _____

2. FULL NAME

Carlton Woodson 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Lucy Ellen Chiles</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 4 - 1854</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>7</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 1 1931

17. I HEREBY CERTIFY, That I attended deceased from June 13 1931, to June 27 1931, that I last saw him alive on June 15 1931, and that death occurred, on the date stated above, at 6:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sen Valvular Disease of Heart
92A (duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92A (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) D. H. Hurdick M. D.
2-27-31 (Address) Prairie Home

*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 Mt. Zion Cem. DATE OF BURIAL 2-3 1931

20. UNDERTAKER C. Albert Hornbeck ADDRESS Prarie Home Mo

9. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) 2

10. NAME OF FATHER Carlton Chiles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia (STATE OR COUNTRY)

14. INFORMANT Geo. Alexander (Address) Jamestown Mo

15. FILED 2/10 1931 Ellis Orville REGISTRAR

