

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

Do not use this space.

11296

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township Farmington

Primary Registration District No. 4464

City Farmington (No.)

File No.

Registered No. 34

St. Ward

2. FULL NAME

Mrs Lilly 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

Female

4. COLOR OR RACE

White

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Ernest Chilton

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Mar 1, 1887

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

49

0

0

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)

Amapolis, Mo.

10. NAME OF FATHER

Marion Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Amapolis, Mo.

12. MARY NAME OF MOTHER

Mary Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Amapolis, Mo.

14.

INFORMANT

(Address)

Ernest Chilton

Farmington, Mo.

15.

FILED

3-2-1931 Prof. Robinson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar 1 1931

17.

HEREBY CERTIFY, That I attended deceased from Feb 15, 1931, to Mar 1, 1931, that I last saw her alive on Mar 1, 1931, and that death occurred, on the date stated above, at 8 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double Lobular Pneumonia

CONTRIBUTORY (SECONDARY)

measles

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?

DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo. L. Watkins M. D.

3-2-1931 (Address) Farmington 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

Amapolis Mo

3/3 1931

20. UNDERTAKER

ADDRESS

Needent Med Co Lyon

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.

APR 27 1931

