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

33168

1a PLACE OF DEATH
County Cape Girardeau — Registration District No. 124 — File No.
Township Byrd — Primary Registration District No. 5179 — Registered No. 44
City (No. , St. , Ward)

2. FULL NAME Chris Kilbourn

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Adeline McClard
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 5 - 1852
7. AGE: Years 77 | Months 4 | Days 8 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farmer
(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): Germany

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): unknown

14. INFORMANT: Mame Craft
(Address) Cape Girardeau Mo
15. FILED 10-15 29, 19 D. F. Suhre
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 12 1929
17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1929, to Oct 12, 1929, that I last saw h. alive on Oct 11, 1929 and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
131 Neuritis Colitis
1205
(duration) yrs. mos. 10 da.
CONTRIBUTORY (SECONDARY) Chr. Nephritis
(duration) yrs. 2 mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1910
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. P. Johnson, M.D
10-14, 1929 (Address) Jackson 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Jona Cem. — DATE OF BURIAL: Oct 14 1929
20. UNDERTAKER: Cracraft & Miller — ADDRESS: Jackson Mo.

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.

THIS IS A PERMANENT RECORD