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

Do not use this space.

30686

1. PLACE OF DEATH
County Jackson — Registration District No. 396 — File No.
Township Fort Osage — Primary Registration District No. 4233 — Registered No. 10
City Buckner (No. ..., ... St. ... Ward)

2. FULL NAME Samuel Hamilton 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 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Martha S. Chiles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 12, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	84	9	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer & banker
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jackson County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER James Chiles
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Ruth Hamilton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Kentucky

14. INFORMANT Emily S. Stapp
(Address) Buckner Mo.

15. FILED 10-10, 1929 N D Rammsdorff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Sept. 16, 1929 that I last saw him alive on Sept. 15, 1929, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
44 A
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ...
0 DID AN OPERATION PRECEDE DEATH? No DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) N D Rammsdorff, M. D.
10-10, 1929 (Address) Buckner 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
Buckner Cemetery	9/18 1929
20. UNDERTAKER Vernon M. Reppert	ADDRESS Buckner

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.