

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.

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

Do not use this space.

MAR 23 1936

6797

1. PLACE OF DEATH

County Manion Registration District No. 547
 Township Manion Primary Registration District No. 3079
 City Hannibal (No. 105) Lyon
 St. 3rd Ward

File No. _____
 Registered No. 47
 St. 3rd Ward

2. FULL NAME

Margaret Janietta Chilton
 (a) Residence, No. 105 Lyon St. 3rd Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|--|--|---|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elmer Long</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 1, 1894</u> | | | | |
| 7. AGE | YEARS <u>41</u> | MONTHS <u>4</u> | DAYS <u>8</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rooming House Proprietor</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | |
| | 10. Date deceased last worked at this occupation (month and year) <u>Feb. 5, 1936</u> | | 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co. Mo.</u> | | | | |
| FATHER | 13. NAME <u>Homer B. Chilton</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co. Mo.</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Mathie Patton</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lynch Co. Mo.</u> | | | |
| 17. INFORMANT <u>Homer Chilton</u> (ADDRESS) <u>Manion Co. Mo.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>near Longview Pike Co Mo</u> PLATE <u>Bethany Cem.</u> DATE <u>Feb 11, 1936</u> | | | | |
| 19. UNDERTAKER <u>Ray P. Schwartz</u> (ADDRESS) <u>Hannibal, Mo.</u> | | | | |
| 20. FILED <u>Feb 11, 1936</u> <u>R. H. Schatz</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Found dead Feb. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive _____, 19____. Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

38 Caliber pistol wound in right neck - Carotid artery severed, also right jugular vein - Found dead on floor
 Date of onset _____
 Verdict of Coroner Jury
 "By gunshot wound in her neck, self inflicted"

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, homicidal, suicide. Date of injury _____, 19____

Where did injury occur? Hannibal, Manion Co. Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Home
 Manner of injury Gunshot wound in right neck - self inflicted
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Carl E. Schwartz, M. D.
 (Address) Hannibal, Mo.
Coroner, Manion Co. Mo.

