

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
 County Phelps Registration District No. 677 File No. 17258
 Township _____ Primary Registration District No. 4403 Registered No. 62
 City Rolla (Hospital) No. _____ St. _____ Ward _____

2. FULL NAME Claude Chiles. (Lived in Buckner about 47 yrs.)
 (a) Residence, No. Dixon Missouri about three years Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred X yrs. X mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10. 1876

7. AGE YEARS 60 MONTHS 5 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. worked on his own farm
 10. Date deceased last worked at this occupation (month, day, year) 4. 21. 1937 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) Napa
 (STATE OR COUNTRY) California

MOTHER FATHER
 13. NAME James Chiles

14. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

15. MAIDEN NAME Adeline Johnson

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

17. INFORMANT Mrs. Luella Hock
 (ADDRESS) Buckner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Six Mile Cemetary DATE Ap. 26/37

19. UNDERTAKER Vernon M. Reppert.
 (ADDRESS) Buckner Missouri
 Null and Son Rolla Mo.

20. FILED April 26 1937 J. F. Chiles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Ap. 21/37 19 37

22. I HEREBY CERTIFY, That I attended deceased from 4-18- , 19 37 , to 4-21- , 19 37

I last saw him alive on 4-21- , 19 37 . Death is said to have occurred on the date stated above, at 4:45 P.m.

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

General paralysis
 possibly from chronic malaria
 cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. F. Chiles M. D.
 (Address) Rolla Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every word should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Phelps
Township
City Rolla (No.)

Registration District No. 677
Primary Registration District No. 4403

File No. 17258
Registered No.
St. Ward)

2. FULL NAME

Claude 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) of 21 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 5 10

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

General Paralysis possibly from chronic alcoholism Date of onset

(Cerebral hemorrhage)
Other contributory causes of importance:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED July 8 1937 Joe. F. Ayers Registrar.

Name of operation 8201 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) A. Sidney McFarland M. D.
(Address) Rolla

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

5-17-258