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

34010

PLACE OF DEATH

County Ray

Township Fishing River Registration District No. 743 File No.

or Village Primary Registration District No. 6237 Registered No. 24

or City (No. St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Andrew Kilgore

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word)
male	white	X

DATE OF BIRTH Dont Know (Month) (Day) 1 (Year)

AGE about 93 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Tennessee

PARENTS

NAME OF FATHER John Kilgoore

BIRTHPLACE OF FATHER (City or town, State or foreign country) Dont Know

MAIDEN NAME OF MOTHER Dont Know.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Kilgore

(ADDRESS) Lawson Mo.

Filed Nov 8. 1919. L. E. Ellis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November (Month) 7, (Day) 1919 (Year)

I HEREBY CERTIFY, that I attended deceased from November 1, 1918, to Nov. 7th, 1919, that I last saw him alive on October 15, 1919, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease. 70
(95 B
162

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Old age and senility

(Duration) yrs. mos. ds.

(Signed) R. B. Cuvd M. D.

Nov. 7, 1919 (Address) Rayville, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Junior. DATE OF BURIAL Nov 8 1919

UNDERTAKER J. E. Broadhurst ADDRESS Rayville

PLACE OF DEATH

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

County.....

Township ..... Registration District No..... File No.....
or
Village..... Primary Registration District No..... Registered No.....
or
City ..... (NO. ..... St.; ..... Ward)

[If death occurr
hospital or inst
give its NAME
of street and numb

FULL NAME.....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH .....
(Month) (Day) (Year)

AGE ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(ADDRESS).....

Filed ....., 191....., ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH .....
(Month) (Day)

I HEREBY CERTIFY, that I attended deceas
....., 191....., to.....
that I last saw h..... alive on .....
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....(Duration).....yrs.....mos.....

Contributory.....
(SECONDARY)
.....(Duration).....yrs.....mos.....

(Signed).....

....., 191..... (Address).....

*State the Disease Causing Death, or, in deaths from Violent Caus
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE
RECENT RESIDENTS)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.

Where was disease contracted if not at place of death? .....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIA
UNDERTAKER	**ADDRESS**

...workers on any form or part of ...
"Never return "Laborer," "F...
"Dealer," etc., without mor...
...n, as *Day laborer, Farm laborer,* ...
...Women at home, who a...

...as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—*