

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

Do not use this space.

**24132**

SEP 28 1927

**1. PLACE OF DEATH**

County Harrison  
Township.....  
City Bethany (No. ....)

Registration District No. 334  
Primary Registration District No. 4197

File No. 392  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Chara Margaret Decker  
(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/20/1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
2 6 23

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Harrison Co., Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minnie Decker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa  
(STATE OR COUNTRY)

14. INFORMANT W. D. Morris  
(Address) Bethany, Mo.

15. FILED 9/19 1927 W. J. Harned  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/13 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1927, to Aug 13, 1927, that I last saw her alive on Aug 13, 1927 and that death occurred, on the date stated above, at 9 p m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cholera Infantum

CONTRIBUTORY (SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) T. F. Hurdling D.O.  
Aug 15, 1927 (Address) Bethany

\*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 Dale Cemetery DATE OF BURIAL Aug 15 1927

20. UNDERTAKER S. M. Haas ADDRESS Bethany Mo.

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

