

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

Do not use this space.

33895

PLACE OF DEATH

County Jackson
Township Chairie
City (No.) (St.) (Ward)

Registration District No. 400
Primary Registration District No. 5553 B

File No.
Registered No. 128

2. FULL NAME

Americus O. Chadwick

(a) Residence. No. Jackson Co. Homes, Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 10 mos. 21 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 (single the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-10-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
63 4 5

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

10. NAME OF FATHER Daniel Chadwick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Alta M. Allen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Y. W. Hostetter
(Address) Little Blue Mo.

15. FILED 11-21, 1927 J. M. DeWick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/21 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Nov 21, 1927 that I last saw him alive on Nov 17, 1927 and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senescent atrophy

CONTRIBUTORY (SECONDARY) Suppurative cystitis
(duration) 1 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: ?

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. W. Greene, M. D.
(Address) Independence 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 Kirksville Orsdorf School DATE OF BURIAL 11-23 1927

20. UNDERTAKER Mo state anatomical Board
Bozell reg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

JAN 5 1928

