

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

Do not use this space.

36270

1. PLACE OF DEATH

County Chariton
Township Beaumont
City Brunswick

Registration District No. 169
Primary Registration District No. 4098

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME

Chrick Jewel Sturvell

(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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Mar

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Martha Jane Fouse

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-12-1857

7. AGE 70 YEARS MONTHS 0 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Miscellaneous
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

10. NAME OF FATHER James W. Ford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) London England

12. MAIDEN NAME OF MOTHER Capron

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

14. INFORMANT Mrs. Stella Gosman
(Address) Brunswick Mo

15. FILED 12/25 1927 Harry E. Tatum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1-27 to Dec 24 1927 that I last saw him alive on Dec 23 1927 and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

uraemia
131
430
13713 (duration) yrs. mos. ds. 10
CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis + myocarditis (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED 1290
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Harry E. Tatum M. D.
12/25, 1927 (Address) Brunswick 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 Brunswick Mo **DATE OF BURIAL** Dec 26 1927

20. UNDERTAKER I. W. Hermit Brunswick Mo

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.

17/1928

