

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

Do not use this space.

34061

1. PLACE OF DEATH

County Lafayette
Township Jeffington
City Jeffington

Registration District No. 461
Primary Registration District No. 30-24

File No. 70
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1407 South St., 3 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bert R. Ireland</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 10 1838</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
<u>89</u>	<u>10</u>	<u>10</u>	<u>24</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Housewife</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>L</u>				
(c) Name of employer _____				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1925 to Oct 4 1928 that I last saw h. alive on Oct 4 1928, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer Rectum
4 1/2 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

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? Examination of Chalkley, M. D.
(Signed) Oct 7, 1928 (Address) Jeffington 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.

9. BIRTHPLACE (CITY OR TOWN) Natchez Miss
(STATE OR COUNTRY)

10. NAME OF FATHER A. W. Hutchies

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Natchez Miss
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cynthia Jane Berry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lafayette Co
(STATE OR COUNTRY) Kentucky

14. INFORMANT Miss A. F. Chalkley
(Address) Jeffington Mo

15. FILED Oct 4 1928 J. W. Coker REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jeffington Mo

20. UNDERTAKER Ernest Hegert

DATE OF BURIAL Oct 7 1928
ADDRESS Jeffington 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.

22 1928

