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

Do not use this space.

9715

85

APR 23 1929

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 497

City St. Joseph, (No. S.W. Cor. 3rd. & Jule Woodland Hotel St. Ward)

2. FULL NAME Lee Chadduck,

(a) Residence. No. S.W. Cor. 3rd. & Jule St., S Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	59	0	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hotel Keeper,

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

(c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN) Forest City,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER George B. Chadduck,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Page County,
(STATE OR COUNTRY) Virginia,

12. MAIDEN NAME OF MOTHER Mary A. Price

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Page County,
(STATE OR COUNTRY) Virginia,

14. INFORMANT Fred G. Kellogg
(Address) Woodland Hotel, 3rd. & Jule

15. FILED APR 1 1929 19 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1929, to Mar 29, 1929, that I last saw h alive on Mar 28, 1929, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis General
828
97 (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 1 yrs. mos. 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) M. S. Fray, M. D.

Mch. 30, 1929 (Address) St Joseph 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 Oregon, Missouri,

DATE OF BURIAL April 1, 1929

20. UNDERTAKER Heaton-Bolen-Bowman

ADDRESS 319 S. 10 St.

By F. H. Heaton Funeral Home

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.