

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

Do not use this space.

39270

1. PLACE OF DEATH

County Jackson Registration District No. 396 File No. _____
 Township W. of Ozage Primary Registration District No. 5-5-2 Registered No. 33
 City Quackner (No. _____) St. _____ Ward _____

2. FULL NAME

Adeline Chilea
 (a) Residence. No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 24 1853

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or mls.
76 11 23

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

9. BIRTHPLACE (CITY OR TOWN) Jackson County
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Johnston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jackson County
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Eliza Dixon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jackson County
 (STATE OR COUNTRY) Missouri

14. INFORMANT Elizabeth Kinney
 (Address) Quackner

15. FILED 1-11, 1931 N. D. Ramsdorf
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1930, to Dec 17 1930 that I last saw him alive on Dec 17 1930, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Colon

46C (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 45 (duration) _____ 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 Chimed
 (Signed) N. D. Ramsdorf, M. D.

Jan 1 1931 (Address) Quackner 240

*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 Six Mile Cemetery DATE OF BURIAL Dec 18 1930

20. UMBERTAKER Leon M. Appert ADDRESS Quackner

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.

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

JAN 20 1931

