

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

Do not use this space.

26039

1. PLACE OF DEATH  
 45 County Howard. Registration District No. 378  
 2 Township ..... Primary Registration District No. 4222  
 4 City Fayette, (No. ...., ..... St. .... Ward)

File No. ....  
 Registered No. 50

2. FULL NAME Emma Laura Chiles.  
 (a) Residence. No. .... St. .... 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. 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 Alburn Chiles.  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6 / II 1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 2 7

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

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

PARENTS  
 10. NAME OF FATHER Silas Drace  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pennsylvania,  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Sarah Osborn,  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia.  
 (STATE OR COUNTRY)

14. INFORMANT James Chiles.  
 (Address) Fayette, Mo.

15. FILED 8/20 19. 32 V. O. Bonham  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/18/32 19  
 17. I HEREBY CERTIFY, That I attended deceased from June 1928, to Aug 18 1932  
 that I last saw h. m. alive on 8-18 1932, and that death occurred, on the date stated above, at 6-15 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gastric Carcinoma  
14 1/2 to 6 1/2 (duration) yrs. 3 mos. ds.

CONTRIBUTORY None return  
 (SECONDARY) (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH ①

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Phys findings  
 (Signed) Am. J. Shand M. D.

. 19 (Address) Fayette 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 City Cemetery 8/ 20 32 DATE OF BURIAL  
 19

20. UNDERTAKER\* Guy T. Hailey. Fayette ADDRESS Mo.

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. SEP 23 1932

