

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

Do not use this space.

38923

**1. PLACE OF DEATH**

County Clay  
Township Gallatin  
City Lashland, Mo.

Registration District No. 197  
Primary Registration District No. 5276

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Lashland, Mo., St. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

*William Ellsworth Chatfield*

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W H 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Chatfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill., 2.

13. NAME James Chatfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Sarah Shockley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Mary A. Chatfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Bury Cem. Lashland, Mo. DATE Dec 21/32

19. UNDERTAKER (ADDRESS) Morton & Co. 24 N. 1st St. Lashland, Mo.

20. FILED Dec 20 1932 John S. Curston Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Dec 16, 1932. I last saw him alive on Dec 16, 1932. Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

rupture of bladder  
135 B  
103 B / 35  
Other contributory causes of importance:  
Arteriosclerosis ①

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. B. Patton, M. D.  
(Address) Lashland, 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.

JAN 22 1934

