

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.

OCT 20 1933

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

Do not use this space.
28842

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township M. Joseph Primary Registration District No. 1001
City M. Joseph (No. Merry Hospital)

File No. _____
Registered No. 951 St. _____ Ward _____

2. FULL NAME

Bertie E. McChesney
(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John O. McChesney</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-17-1885</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>0</u>	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>			
	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) <u>Harrison Co. Mo.</u>				
FATHER	13. NAME <u>Cass Easton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>			
MOTHER	15. MAIDEN NAME <u>Martha McCallister</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>			
17. INFORMANT <u>John O. McChesney</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethany</u> DATE <u>9-28</u> 19 <u>33</u>				
19. UNDERTAKER <u>S. W. Haas</u> (ADDRESS) <u>Bethany Mo.</u>				
20. FILED <u>9-26</u> 19 <u>33</u> <u>John H. Bender</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1933 to Sept 26 1933
I last saw him alive on Sept 26 1933. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Salpingitis Date of onset 139B
caus. unknown 139C

Other contributory causes of importance: _____

Name of operation: Hysterectomy Date of operation: Sept 26
What test confirmed diagnosis? clinical Was there an autopsy? N.O.

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. H. Weed M. D.
(Address) M. Joseph Mo.

Beulah Pharmacy