

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.

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

Do not use this space.

32858

42
OCT 20 1933

1. PLACE OF DEATH

County Henry
Township Chilhowee
City Chilhowee (No. _____)

Registration District No. 358
Primary Registration District No. 5502

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Chilhowee mo R702 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov- 21 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
19 10 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) Henry County mo

13. NAME Buffon R Caldwell

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

15. MAIDEN NAME Ella Whelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnston County Missouri

17. INFORMANT (ADDRESS) Buffon R. Caldwell

18. BURIAL, CREMATION, OR REMOVAL Providence DATE 10-3-33

19. UNDERTAKER (ADDRESS) Fred Wilkerson

20. FILED Oct 7 1933 E. G. Hilder Registrar.

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-33

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1932 to Oct 1 1933

I last saw her alive on Oct 1 1933 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

P.B. of Peritonitis and lungs Date of onset 231 25 33

Other contributory causes of importance: _____

Name of operation Papostomy Date of 6-20-30

What test confirmed diagnosis? Chemical Was there an autopsy? No

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) J. B. Beatty M. D.

(Address) Chilhowee Mo.

