

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

3597

1. PLACE OF DEATH

County ScottRegistration District No. 816File No. 3Township 4Primary Registration District No. 44920Registered No. 3City Chaffee (No. 123 W. Parker)St. Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Mr J. Allsbrook

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

March 15 1868

7. AGE YEARS MONTHS DAYS

66104

If LESS than 1 day, ... hrs. or min.

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

Home wife

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)

Smithland Ky

13. NAME

Joseph H. Allsbrook

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

Ky

15. MAIDEN NAME

Abigail Huley

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

New Madrid Mo

17. INFORMANT (ADDRESS)

Ester Speck 123 W. Parker, Chaffee

18. BURIAL, CREMATION, OR REMOVAL

Chaffee

PLACE

DATE

1-21-1934

19. UNDERTAKER (ADDRESS)

W. J. Stubb

20. FILED

1-20-1934W. J. Stubb

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1-19-1934

22. I HEREBY CERTIFY, That I attended deceased from

11-13-1933 to 1-19-1934I last saw h. W alive on 1-18-1934 Death is saidto have occurred on the date stated above, at 3:00 P. m.

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

Chronic Edema
11/19/34
11/13/34

Other contributory causes of importance:

Senile Dementia

Name of operation

Date of

What test confirmed diagnosis?

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. J. Stubb

, M. D.

(Address)

Chaffee Mo

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township Chaffee
City Chaffee (No.)

Registration District No. 816
Primary Registration District No. 4492

File No.
Registered No. 3
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1934

22. I HEREBY CERTIFY That I attended deceased from

19 to 19

I last saw him alive on 19 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:

Subcutaneous Edema
cause unknown
probably Heart Failure
not acute
Had been demented
since 11-13-1933
was ambulant on day of death

Other contributory causes of importance:

Had been demented
since 11-13-1933
was ambulant on day of death

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) W. D. Chaffee M. D.

(Address)

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