

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

Do not use this space.

1934 MAR 24

3870

1. PLACE OF DEATH

County Bates Registration District No. 50
Township Mt Pleasant Primary Registration District No. 3004
City Bullitt (No. _____) St. _____ Ward _____

File No. _____
Registered No. 8

2. FULL NAME

Mrs Mary Linden Chart
(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
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 63. 1. 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Bates Co. Mo.

13. NAME Jacob Chart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME Ellen Pearce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT Clifton Chart (ADDRESS) Bullitt Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morris Cemetery DATE Feb 4 1934

19. UNDERTAKER Quibner (ADDRESS) Bullitt

20. FILED Feb 1 1934 Mrs C. E. Culbert Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1st 1934

22. I HEREBY CERTIFY That I attended deceased from June 30 1933 to Jan 30th 1934
I last saw him alive on Feb 1st 1934. Death is said to have occurred on the date stated above, at 6 A.M.

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

Carcinoma of rectum
Date of onset _____
Other contributory causes of importance: 460
460

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) L. D. de Kuel, M. D.
(Address) Bullitt Mo.

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.

WRITE PLAINLY, WITH OUT-BOARDING IN MIND—THIS IS A PERMANENT RECORD

