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.

AUG 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Scotland — Registration District No. 811 — File No. 27897

Township ~~Sand~~ Hill — Primary Registration District No. 0089 — Registered No.

City Rutledge Mo (No. , St. Ward)

99

2. FULL NAME Emily Chancellor

(a) Residence, No. Rutledge, Mo. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 10th 1851

7. AGE: YEARS 83 — MONTHS 3 — DAYS 6 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House keeper
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): Scotland Co. Mo.

FATHER

13. NAME: William Fordney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland Co. Mo.

MOTHER

15. MAIDEN NAME: Sidney Rounseville
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland Co. Mo.

17. INFORMANT (ADDRESS): Mrs. W.P. Miller, Gorin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Indian Creek DATE July 17 1934

19. UNDERTAKER (ADDRESS): Gerth & Boskett, Gorin, Mo

20. FILED Aug 7, 1934 Mrs W R Moore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from January, 1924 to July 16, 1934
I last saw her alive on July 15, 1934 Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

apoplexy

95 B

Other contributory causes of importance:

Heart Organic

95 B

Date of onset

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) James S Mitchell, M. D.
(Address) Memphis