

SEP 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County AndrewRegistration District No. 26Township Metica MoPrimary Registration District No. 3002City Metica Mo (No. Andrew Hospital)File No. 31863Registered No. 132

St. _____ Ward)

2. FULL NAME

(a) Residence, No. Hallsville Mo. Ward. _____

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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Emma Ellen Chaudler

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

Feb 24-1873

7. AGE

YEARS

61

MONTHS

6

DAYS

17

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

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

Ironer

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)

Boone Co Mo.

13. NAME

Burel Carter Chaudler

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

Metica Mo

15. MAIDEN NAME

Eliza Jane Wolf

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

unknown

17. INFORMANT (ADDRESS)

Mar B.C. Chaudler Hallsville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Red Top Church Boone Co Mo DATE 9-12 1934

19. UNDERTAKER (ADDRESS)

W. H. Edwards Centralia Mo

20. FILED

9-121934Blanche Reely

Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 193422. I HEREBY CERTIFY, That I attended deceased from Aug 29 1934, to Sept 11 1934.I last saw him alive on Sept 11 1934. Death is said to have occurred on the date stated above, at 11:25 a.m.

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

Chronic interstitial nephritis

Date of onset

2 yrs. 1932131 930

Other contributory causes of importance:

Chronic myocarditis - with myocardial failure - and Chronic familial angina

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical knowledge Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

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) Harry Francis O'Brien, M. D.(Address) 111 E. Monroe - Mexico, Missouri

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.

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