FEB 27 1935

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

Do not use this space.

File No. 6199

Registered No.

1. PLACE OF DEATH

County: New Madrid — Registration District No.: 604

Township: New Madrid — Primary Registration District No.: 5-802

City: ~~Kennett~~ (No. ..... St. ..... Ward)

2. FULL NAME John Albert Chadd.

(a) Residence, No. Kennett, Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Alfia Chadd.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-19-1865

7. AGE: Years 69 — Months 5 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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: 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calhoun Ky.

FATHER

13. NAME: Jim Chadd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.A.

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Wm. Chadd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kennett DATE: 2-18, 1935

19. UNDERTAKER (ADDRESS): John Albritton, Kennett

20. FILED: 2/20/1935 — W. O. Barnes, U. S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1935, to Feb 16, 1935.

I last saw him alive on Feb 16, 1935. Death is said to have occurred on the date stated above, at 6:30 P.M.

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

	Date of onset
Lobular Pneumonia	
Double	

Other contributory causes of importance:

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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) G. Gideon, M. D.

(Address) Lilbourn 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 UNFADING INK—THIS IS A PERMANENT RECORD

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