

APR 22 1935

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

Do not use this space.

8987

1. PLACE OF DEATH

County Jackson
Township
City Independence, Mo. (No.) Indep. Sanitarium

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 84
St. Ward

2. FULL NAME

Alice Fisher Chastman

(a) Residence, No. Spring Branch Road RR 2 St. 0 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 6 mos. 13 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 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 Albert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 4 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Spring Branch Jackson County

13. NAME John Hedges

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

15. MAIDEN NAME Zevelda D Stone

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

17. INFORMANT Mrs Robert Grader Independence Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE March 19 1935

19. UNDERTAKER O. J. Mitchell 310 N. Main St Independence, Mo

20. FILED 3-20-1935 J. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/17 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 - 1935 to March 17, 1935

I last saw him alive on March 16, 1935 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:
Toxic thyroiditis Date of onset

666

Other contributory causes of importance:
Cardiac hypertrophy
Atherosclerosis

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) J. L. Cook M. D.
(Address)

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.

