

SEP 19 1935

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

Do not use this space

19307

1. PLACE OF DEATH

County Warren  
Township Asa  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 1113  
Primary Registration District No. 5317

File No. \_\_\_\_\_  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Wassonville 9th St. Ward \_\_\_\_\_  
(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. (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 Married  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1867

7. AGE YEARS 68 MONTHS no DAYS no If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Mo

13. NAME Blair E. Mason

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

15. MAIDEN NAME May Frances

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

17. INFORMANT J. B. Anderson  
(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Asa DATE July 19, 1935

19. UNDERTAKER J. B. Anderson  
(ADDRESS) \_\_\_\_\_

20. FILED 8-16, 1935 E. E. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1935

22. I HEREBY CERTIFY That I attended deceased from May 2, 1935, to June 15, 1935  
I last saw him alive on June 15, 1935. 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:

Senile decay of the brain complicated with pneumonia

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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 \_\_\_\_\_, 1935

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. B. Anderson, M. D.

(Address) \_\_\_\_\_

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.

CAUTION: BATHING in terms of safety may be properly advised. Exact state of OCCUPATION is very important. AGR should be stated EXACTLY. PHYSICIANS should state

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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Crawford Registration District No. 1113-  
Township Osage Primary Registration District No. 5317-  
City No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 19307  
Registered No. 2

**2. FULL NAME**

Alless Chandler

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1935  
I HEREBY CERTIFY That I attended deceased from May 6 1935 to June 15 1935  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Suberculosis of the Bowels and Rheumatism

Other contributory causes of importance

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. C. Mincher \_\_\_\_\_ M. D.  
(Address) V. S. Mincher \_\_\_\_\_

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>George S. Mason</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Mary Larnum</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT <u>J. C. Chandler</u> (ADDRESS) <u>Viburnum Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Amaz</u> DATE <u>6-16</u> 19 <u>35</u>	
19. UNDERTAKER <u>J. D. Gibson</u> (ADDRESS) <u>Huggah Mo</u>	
20. FILED <u>8-16</u> 19 <u>35</u> <u>E. E. Kelly</u> Registrar	

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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