

SEP 18 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22085

1. PLACE OF DEATH

County Bates
Township _____
City Butler (No. _____)

Registration District No. 50
Primary Registration District No. 3004

File No. _____
Registered No. 50 St. _____ Ward _____

2. FULL NAME Harrison M. Chittwood

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1883

7. AGE YEARS 52 MONTHS 2 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Bates Co Mo. (STATE OR COUNTRY)

13. NAME J. M. Chittwood

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

15. MAIDEN NAME Marguerite Obstberg

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

17. INFORMANT Thomas Chittwood (ADDRESS) Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE July 9 1935

19. UNDERTAKER R. D. Kern (ADDRESS) Butler Mo.

20. FILED July 10 1935 Thomas Chittwood Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1935

22. I HEREBY CERTIFY, That I attended deceased from July 2 1935 to July 7 1935. I last saw him alive on July 7 1935. Death is said to have occurred on the date stated above, at 3 P. M.

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

occlusion of bowels with perforation followed by peritonitis

Other contributory causes of importance: old duodenal ulcer

Name of operation none 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. W. DeLaune, M. D.
J. Butler (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.

