

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

JUN 6 1936

Do not use this space.
46006-12
192

1. PLACE OF DEATH

County Jackson
Township Wade
City (No. _____) _____

Registration District No. 430
Primary Registration District No. 5574

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

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Rural

(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 Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
92 3 28

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

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) Green County Ill

13. NAME George Chapman

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

15. MAIDEN NAME Susan Emery

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

17. INFORMANT (ADDRESS) Hugh Miller
Waller Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olive DATE 12/10 1935

19. UNDERTAKER (ADDRESS) Link and Co.
Waller Street

20. FILED 12-14 1935 H. W. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14 1935

22. I HEREBY CERTIFY That deceased died from held inquest on deceased

I certify that death occurred on Dec 14 1935 at 10:20 a.m.

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

Jury Verdict: -
Death as a result of
old age and natural
causes

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? no
If so, specify _____

(Signed) D. S. Bouché M. D.
(Address) Waller Street

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.

MATERIAL RESERVED FOR BINDING

V. NO. 2
100M-11-24-33

