

FEB 20 1936

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

Do not use this space.

1857

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

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

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

Oct-3-1856

7. AGE

YEARS

79

MONTHS

3

DAYS

11

IF LESS than 1
day, hrs.
or min.

OCCUPATION

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

Farmer

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bloomington
Ill.

FATHER

13. NAME

Griffith Chalfant

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

Penns.

MOTHER

15. MAIDEN NAME

Reeves

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

Penn

17. INFORMANT
(ADDRESS)Mrs W.P. Chalfant
Knob Noster Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Knob Noster

DATE

Jan-10-1936

19. UNDERTAKER
(ADDRESS)C.L. Sauls
Knob Noster Mo

20. FILED

Jan 20 1936

Zakoeh

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 14 1936

22. I HEREBY CERTIFY that I attended deceased from

Dec 1 1935 to Jan 14 1936

I last saw him alive on Jan 14 1936 Death is said

to have occurred on the date stated above, at 3:00 a.m.

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

Other respiratory

Date of onset

Other contributory causes of importance:

Myocardial infarction
Cholelithiasis
Myocarditis

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)

(Address)

H.W. Brown M.D.
Knob Noster 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.

