APR 17 1936

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

Do not use this space.

10236

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township ~~Springfield~~ — Primary Registration District No. 2091 — Registered No. 300

City Springfield Mo (No. Baptist Hospital St. ..... Ward)

2. FULL NAME Julia Chastain

(a) Residence, No. 1612 W. Chestnut St., Ward. (If nonresident, give city or town and State)
(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.

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: John J Chastain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 28 - 1868

7. AGE: 68 YEARS — MONTHS: 1 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): N. Cal

FATHER

13. NAME: William Rhodes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Mila Odom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Tarp Rhodes 1700 W Nichols

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Carmel DATE: April 1 1936

19. UNDERTAKER (ADDRESS): T. W. Maples Clever Mo

20. FILED: 3-31 1936 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-31 - , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1936, to 3-31 -, 1936

I last saw her alive on 3-31, 1936. Death is said to have occurred on the date stated above, at 12 noon m.

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

	Date of onset
Bronchial type, Hypostatic Pneumonia with following operation for Abscessed Appendix	3-30-36
	3-13-36

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) C. E. Feller, M. D.

(Address) Springfield Mo

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.

100M-3-18-35

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