

DEC 3 1936

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

Do not use this space.

38269

1. PLACE OF DEATH

County Lin
Township North Salem
City (No.)

Registration District No. 497
Primary Registration District No. 5672

File No.
Registered No. 48
St. Ward

2. FULL NAME

Charles Judson Chaffee, Jr
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
+ + + 8

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.

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) New Boston

13. NAME Charles Judson Chaffee

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

15. MAIDEN NAME Elsie Pearl Morgan

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

17. INFORMANT (ADDRESS) Judson Chaffee Sr

18. BURIAL, CREMATION, OR REMOVAL PLACE Price Cemetery DATE Oct 3 1936

19. UNDERTAKER (ADDRESS) W. H. Hampson
Winifred Mo.

20. FILED Oct. 16 1936 Mrs. Lila Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1936, to Oct 2, 1936

I last saw him alive on said date, 1936 Death is said to have occurred on the date stated above, at 4:14 P.

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

Cardiac Failure
(Patent Foramen Ovale)
Premature birth;

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Stethoscope Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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. Reed, D.D., M. D.

(Address) Winifred 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.

