DEC 18 1936

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

Do not use this space.

40347

1. PLACE OF DEATH
County Benton
Township West Lindsay
City ..... No. ..... St. ..... Ward)

Registration District No. 61
Primary Registration District No. 5097

File No. .....
Registered No. 45

2. FULL NAME Clara Bell (Carleton) Chastain.
(a) ~~Residence, No.~~ Lincoln, Mo. R#1. 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 F
4. COLOR OR RACE W.
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF W. J. Chastain

*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1866.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	1	3	

OCCUPATION
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. House Wife
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) Leesville, Missouri. Henry County.

FATHER
13. NAME Thomas H. B. Carleton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sarah E. Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) B. W. Chastain, Lincoln, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo DATE 11-13- 1936

19. UNDERTAKER (ADDRESS) J. B. Calvert, Lincoln Mo.

20. FILED 11/13 1936 Jas A. Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-12- 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov-1- 1936, to Nov-12- 1936
I last saw her alive on Nov 10- 1936 Death is said to have occurred on the date stated above, at 7 25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Chronic Interstitial Nephritis	1938

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

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 none
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Oren L. Cuddy, M. D.
(Address) Lincoln 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.