

NOV 23 1936

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

Do not use this space.

40793

1. PLACE OF DEATH

County Cooper Registration District No. 222
Township Pilot Grove Primary Registration District No. H135
City Pilot Grove (No. _____) St. _____ Ward _____

2. FULL NAME

Chester Glenn Bader
(a) Residence, No. Pilot Grove, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 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) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-1-1920
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 2 7

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. Student
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Pilot Grove
(STATE OR COUNTRY) Missouri

13. NAME John Bader
14. BIRTHPLACE (CITY OR TOWN) Pilot Grove
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ethel Ferguson
16. BIRTHPLACE (CITY OR TOWN) Sullivan
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Ethel Bader
(ADDRESS) Pilot Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove, Mo. DATE 11-90-36

19. UNDERTAKER Fans + Stoeklein
(ADDRESS) Pilot Grove, Mo.

20. FILED Nov. 10 1936 Mrs. E. B. McCutcheon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1936, to Nov 8, 1936
I last saw him alive on Nov 8, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:
Shock and E. possum
falling, accepted
gunshot while hunting
Date of onset 7-36

Other contributory causes of importance:
Exposed to cold about
2 hrs. after accident before
receiving aid

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 _____, 1936

Where did injury occur? in woods hunting
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
on farm near Pilot Grove, Mo.

Manner of injury accepted gunshot
Nature of injury shot in head and face

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Chas. Seely, M. D.
(Address) (Pilot Grove, 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.

