

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.

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

Dr. J. Johnston  
Do not use this space.

995

FEB 27 1937

1. PLACE OF DEATH

37 County Greene Registration District No. 318  
Township North Campbell Primary Registration District No. 5439  
City Springfield, Mo. Rt. 1

File No. \_\_\_\_\_  
Registered No. 0011  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Garce W. Chittenden  
(a) Residence, No. Rt. 1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Celia Chittenden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25, 1867</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>5</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as <u>farmer</u> 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 <u>6</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Park Co. Mo.</u>		
13. NAME <u>James P. Chittenden</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Conny</u>		
15. MAIDEN NAME <u>Susan Head</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Mrs. Celia Chittenden</u> (ADDRESS) <u>Springfield Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenlaw</u> DATE <u>Jan. 5, 1937</u>		
19. UNDERTAKER <u>Alma J. J. Meyer</u> (ADDRESS) <u>Springfield Mo.</u>		
20. FILED <u>Jan 4, 1937</u> <u>Chas. A. George</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 - 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 3, 1937 to Jan 3, 1937  
I last saw him alive on Jan 3, 1937 Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset Jan 3, 1937  
Hypertension

Other contributory causes of importance \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Ed 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) J. L. Johnston, M. D.  
(Address) 802 Med. Art  
Springfield, Mo

