FEB 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1647

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. Trinty Lutheran Hosp. St. Ward)

2. FULL NAME Mrs. Isabelle Chadwick

(a) Residence, No. 641 W. 69th Terr. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 8, 1856

7. AGE: YEARS 80 — MONTHS 5 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 26
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): Reedsburg Wis.

FATHER

13. NAME: David Telfer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER

15. MAIDEN NAME: —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Ellis Chadwick, 641 W. 69th Terr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan. 27, 1937

19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons

20. FILED Jan 26 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1936, to Jan 25, 1937
I last saw her alive on Jan. 24, 1937. Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Dec 15 1936

Other contributory causes of importance: Senility

Name of operation: — 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? No 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) [illegible], M. D.
(Address) 314 Sunset Bldg KC 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

X7044

Dr. H. Schreiner
Shukert Bldg.
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