

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

Do not use this space.

2229

FEB 17 1937

1. PLACE OF DEATH

County Marion Registration District No. 549
Township Union Primary Registration District No. 5742
City Philadelphia (No. 2) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Philadelphia Mo. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 48 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willard F. Gerard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1854
7. AGE YEARS 82 MONTHS 0 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
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) Watertown Ill.

FATHER 13. NAME Luke Cheney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zudue Kan.

MOTHER 15. MAIDEN NAME Polly Beardsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Vermont

17. INFORMANT W. F. Gerard (ADDRESS) Canon Ill.

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

19. UNDERTAKER B. M. Cuthbert (ADDRESS) Philadelphia Mo.

20. FILED Jan 27, 1937 Mrs. C. F. Tipton 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 January 10, 1937, to January 24, 1937
last saw her alive on January 24, 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 1-23-37

Other contributory causes of importance:

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 _____, 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) B. R. Buchanan, M. D.
(Address) Philadelphia Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

