

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.

FEB 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Worth
 Township Union
 City (No.)

Registration District No. 904
 Primary Registration District No. 45-4-6

File No. 4772
 Registered No.
 St. Ward

2. FULL NAME

(a) Residence, No. 81 Ward
 (Usual place of abode)

Length of residence in city or town where death occurred 60 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>Mary Churchill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 20 - 1864</u>		
7. AGE <u>72</u>	YEARS <u>1</u>	MONTHS <u>28</u>
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warrensburg, Mo.</u>		
13. NAME (FATHER) <u>At. Harve Churchill</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Y.</u>		
15. MAIDEN NAME <u>Churchill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT (ADDRESS) <u>Phil Churchill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sherridan mns.</u>		
19. UNDERTAKER (ADDRESS) <u>Long & Bayl</u>		
20. FILED <u>Jan 20 1937</u> <u>Mr O. H Bond</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 13, 1937, to Jan 18, 1937. I last saw him alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
+ angina pectoris

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) St. Jones, M. D.
 (Address) Sherridan

