APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 35 — File No. 11272

Township — Primary Registration District No. 1000 — Registered No. 383

City St. Joseph (No. In ambulance on way to Hospital St. 9 Ward)

2. FULL NAME Anna Chatham

(a) Residence, No. 6223 Sherman St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gene Chatham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1906

7. AGE: YEARS about 30 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.W.A. Sewing Room
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) One year
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Mo.

FATHER

13. NAME: J.W. Jenkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Anna Lindsay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Eva Watts St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem DATE Mch 29 1937

19. UNDERTAKER (ADDRESS): Barry Wylie 218 So 10

20. FILED 3/28 1937 H J Nettleton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 26 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26th 1937, to Viewed, 19..

I last saw h.... alive on Viewed, 19.... Death is said to have occurred on the date stated above, at 4 a m.

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

Internal injuries received when the car in which she was riding collided with a parked truck at 4th & Robidoux Sts — Date of onset 3/26 37

Other contributory causes of importance none

210 M

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/26 1937
Where did injury occur? St Joseph, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Auto accident
Nature of injury Internal injuries

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B.W. Tadlock Coroner, M. D.
(Address) St Joseph, 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.