

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.

MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Rockledge
Township Hooker
City _____ (No. _____) St. _____ Ward _____

Registration District No. 10H2
Primary Registration District No. 10614

File No. 16773
Registered No. 3

2. FULL NAME

John Edgar Citchley
(a) Residence, No. _____ 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Prescott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 1878

7. AGE YEARS 58 MONTHS 5 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockledge Co Mo

FATHER 13. NAME Miles Citchley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockledge Co Mo

MOTHER 15. MAIDEN NAME Mary Rayman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chenango Ind

17. INFORMANT John Edgar Citchley
(ADDRESS) Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulbright-Corcoran 4-3 1937

19. UNDERTAKER E. H. Osterwalt
(ADDRESS) Lebanon Mo

20. FILED 4/5 1937 Josephine Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1937, to April 1 1937

I last saw him alive on Mar 31 1937. Death is said to have occurred on the date stated above, at 5-15 a.m.

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

Endocarditis
chronic

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Spinal Was there an autopsy? yes

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? _____
If so, specify _____ (Signed) J. L. Scott, M. D.
(Address) Lebanon, Mo

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Laclede
Township Hooker
City _____ (No. _____)

Registration District No. 1042
Primary Registration District No. 5614

File No. 16773
Registered No. 3
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. John Edgar Atchley St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>58</u>	YEARS <u>5</u>	MONTHS <u>3</u>
		DAYS <u>3</u>
		If LESS than 1 day, ...hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, 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.....

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19 _____

19. UNDERTAKER
(ADDRESS)

20. FILED 4/15 1937 Josephine Martin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1937

22. I HEREBY CERTIFY, That I attended deceased from

to, to, to, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Endocarditis Date of onset

Chronic

Other contributory causes of importance:

BU 691-5