

SEP 16 1937

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

Do not use this space.

30403

1. PLACE OF DEATH

County ChautauRegistration District No. 175Township Salisbury MoPrimary Registration District No. 4104City Salisbury Mo

File No. _____

Registered No. 42

St. _____ Ward) _____

2. FULL NAME Gosd Lee Chadwick

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. A. Chadwick6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 18597. AGE YEARS 78 MONTHS 2 DAYS 5 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. _____

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) Ky.13. NAME Jermiah Harrison14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Rebecca Tucker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) William17. INFORMANT (ADDRESS) Ora Williams18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo DATE Aug 19, 193719. UNDERTAKER (ADDRESS) Winkler, V. S.20. FILED 8/19 1937 Rebecca Tucker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 193722. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1937, to Aug. 17, 1937I last saw him alive on Aug. 17 (10 P.M.) 1937 Death is said to have occurred on the date stated above, at 1 A.M.

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

Cancer of Rectum, perforating and causing general peritonitis.Other contributory causes of importance: Chronic MyocarditisSlight HemiplegiaName of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? No

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) Geo. C. Wilcox *D.O.(Address) Salisbury, 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.

