

JAN 25 1938

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

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1. PLACE OF DEATH
 114 County Wright Registration District No. 906
 Township Yatesville Primary Registration District No. 0221
 City (No.) St. Ward)

2. FULL NAME John Rhea Dechard
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No.
 Registered No. 51

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Uerna Dechard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14-1882

7. AGE YEARS 55 MONTHS 7 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supt of High School
 10. Date deceased last worked at this occupation (month and year) Dec 23 1934 11. Total time (years) spent in this occupation

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

MOTHER FATHER 13. NAME William G Dechard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo
 15. MAIDEN NAME Elizabeth Bender
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo

17. INFORMANT Uerna Dechard
 (ADDRESS) Seymour Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Cem DATE Dec 30 1937

19. UNDERTAKER (ADDRESS) Chas. Stiffe
Manassah

20. FILED Dec 31 1937 Carroll E. Ellis
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1937, to Dec 28, 1937
 I last saw him alive on Nov 20, 1937. Death is said to have occurred on the date stated above, at 6 A m.
 The principal cause of death and related causes of importance were as follows:
Aortic Stenosis Date of onset say yr
Myocarditis
 Other contributory causes of importance: Myocarditis say yr

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?
 If so, specify
 (Signed) J. H. Ferson M. D.
 (Address) Manassah Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Every information secured by cemetery supplied. A CE should be stated EXACTLY. PHYSICIAN'S should state

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12-20-18

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