

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

Do not use this space.

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1. PLACE OF DEATH
 59 County Dwightston Registration District No. 508 File No. 3349
 Township Chellicoche Primary Registration District No. 5674 Registered No. 178
 City (No.) St. Ward

2. FULL NAME Burette M Gilchrist 426
 (a) Residence, No. St. Ward. (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas F Gilchrist
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-19-1870
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 10 1
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 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) Fort Scott Kansas
 FATHER 13. NAME Jessie D Jarnehill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Thomas F Gilchrist
 (ADDRESS) Chellicoche Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Catheling Home DATE Jan-20-1938
 19. UNDERTAKER Jasper Gordon
 (ADDRESS) Chellicoche Mo
 20. FILED Jan 30 1938 Donald M. Lawrence Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-19-1938
 22. I HEREBY CERTIFY That I attended deceased from July 1-1937 to Jan-19-1938
 I last saw her alive on Jan 17-1938, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Transverse Colon
 Date of onset
 Other contributory causes of importance:
 Name of operation Exploratory Date of July 1-1937
 What test confirmed diagnosis Operation 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) Donald M. Lawrence M. D.
 (Address) Chellicoche 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.

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FEB 23 1938

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