

REC'D MAR 15 1938

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

Do not use this space.

6562

1. PLACE OF DEATH

28 County Crawford
Township Crawford
City Wright (No.)

Registration District No. 1117
Primary Registration District No. 5317

File No. 6562
Registered No. 2

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

St. 534 Ward Chandler

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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lark Chandler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2, 1904

7. AGE YEARS 34 MONTHS 8 DAYS 8 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton, Mo.

13. NAME Marion Mason

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

15. MAIDEN NAME Lusy Jarvis

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

17. INFORMANT (ADDRESS) Lark Chandler

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 2/11, 1938

19. UNDERTAKER (ADDRESS) Walter E. E. E. E.

20. FILED 2-11, 1938 E. E. E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10/38

22. I HEREBY CERTIFY That I attended deceased from Jan. 1st, 1938, to Feb. 2, 1938
Last saw her alive on Jan. 16, 1938 Death is said to have occurred on the date stated above, at 2:50 m.

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

Mitral Regurgitation
Date of onset 92

Other contributory causes of importance:

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) H. G. Hudson, M. D.
 (Address)

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.

11-2-1954

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