

REC'D APR 19 1938

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

Dr. Mary A. Chaston
10742
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township 2 Primary Registration District No. 2001 Registered No. 216
(c) City Springfield Mo. Street No. 807 W. Harrison St.
(d) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 827 W. Harrison St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED—
HUSBAND OF James M. Dec
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.
75-10-14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as 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) This

FATHER 13. NAME Elzaphon Ruckel

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

MOTHER 15. MAIDEN NAME Mary Carthur

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

17. INFORMANT (ADDRESS) Mrs. Mary Walker
Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pizzah DATE March 10, 1938

19. FUNERAL DIRECTOR (ADDRESS) Alma LaPray
Springfield Mo.

20. FILED 1938 Paul A. George
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1938, to 3-7, 1938

I last saw her alive on 3-7, 1938. Death is said to have occurred on the date stated above, at 6:11 A.

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

senility

Date of onset
1936

Other contributory causes of importance: 152

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? no

If so, specify

(Signed) Mary Jean Chaston M. D.

(Address) 333 E. Mc. Daves

WRITE PERMIT, WITH CHANGING PERMITS IS A PERMANENT RECORD
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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)