

REC'D JUN 15 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

17663

## 1. PLACE OF DEATH

County BollingerTownship LorraineCity                      (No.                     )Registration District No. 66Primary Registration District No. 5102BFile No. 2Registered No. 4St.                     Ward                     2. FULL NAME Ollie Jane Chatterton(a) Residence, No. Near Lutesville, Mo. 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)

Married

## 6A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Josiah Chatterton

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 28, 1853

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

752-8 10

OCCUPATION

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)

Gasconade Co. Mo.

MOTHER FATHER

13. NAME Wm. W. Spalding

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

U. S. A.15. MAIDEN NAME Elizibeth Ann Lucas

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

Gasconade Co.

## 17. INFORMANT

Josiah Chatterton(ADDRESS) Lutesville, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Baker Cem.DATE May 10

## 19. UNDERTAKER

Baker Funeral Home(ADDRESS) Lutesville, Mo.

## 20. FILED

6-61938Miller H. Paul

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 193822. I HEREBY CERTIFY That I attended deceased from 4-28, 1938, to 5-8, 1938I last saw him alive on 5-7, 1938 Death is saidto have occurred on the date stated above, at 2:45P m.

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

Paralysis (Hemiplegia) Date of onset

Other contributory causes of importance:

AgeName 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. J. Chatterton M. D.(Address) Lutesville, Mo.

9241-

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

176 63

Do not use this space.

1. PLACE OF DEATH

(a) County Ballinger Registration District No. 66  
(b) Township Luranc Primary Registration District No. 5102 B Registered No. 2  
(c) City..... (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) 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. Ellie Jane Chatterton St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS 25 MONTHS 2 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 19 38

22. I HEREBY CERTIFY, That I attended deceased from 19..... to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m. The principal cause of death and related causes of importance were as follows:

Date of onset

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) J. Chandler, M. D.  
(Address) Wintersville

1938  
S-17663