

REC'D OCT 20 1938

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

Do not use this space.

32302

1. PLACE OF DEATH

County HenryTownship BoyardCity Boyardtown (No. 332)Registration District No. 347Primary Registration District No. 3480

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

womanwhitemarried

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFFrank C. Chilwood

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

July 24 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, 12 hrs.
or 35 min.71268. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Liberty Mo.

13. NAME

Ira Suddarth14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Albemarle Co Virginia

15. MAIDEN NAME

Minerva Suddarth16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Madison Co Ky.17. INFORMANT
(ADDRESS)Ira Suddarth
St. Joseph

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Fremont Mo.

DATE

10-3193819. UNDERTAKER
(ADDRESS)O. L. Leavitt
Chilwood Mo.

20. FILED

10-1219381

Registrar.

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

Oct 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept 7, 1938, to Oct 1, 1938I last saw her alive on Sept 29, 1938. Death is saidto have occurred on the date stated above, at 12:30 P.M.

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

Date of onset

Chronic Myelogenous LeukemiaOther contributory causes of importance: 72

Name of operation _____ Date of _____

What test confirmed diagnosis? lat 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) Kelly Rowlands, M. D.312 (Address) Holden Mo.

RECEIVED

Sanitary Health Officer No. 7,

District File Number 7-38-249

Date Filed 10-11-38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32302

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Bozard Primary Registration District No. 2485
(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. _____ 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank C. Chitwood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1869
7. AGE YEARS 71 MONTHS 2 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) Liberty Mo.

FATHER 13. NAME Wm. Suddarth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albemarle Mo.

MOTHER 15. MAIDEN NAME Minerva Suddarth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Co.

17. INFORMANT (ADDRESS) W. S. Suddarth
St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Mo. DATE 10-3 1928

19. FUNERAL DIRECTOR (ADDRESS) P. L. Coate
Chillicothe Mo.

20. FILED 11-5 1938 W. R. Hampton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1938 to Sept 1 1938
I last saw her alive on Sept 29 1938 Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myelogenous Leukemia Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. 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) Keller Rawlins, M. D.
(Address) Holsten Mo.

S-32302

RECEIVED

District Health Officer No. 7,

District File Number 7-38-264

Date Filed 11-9-38