

NOV 21 1938

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

35815

Do not use this space.

1. PLACE OF DEATH

(a) County Hickory Registration District No. 365
(b) Township Westland Primary Registration District No. 5511 Registered No. 8
(c) City Wheatland, Mo 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)
Bernita Cahew

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fm 4. COLOR OR RACE whi 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
— 2 19

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) Missouri (STATE OR COUNTRY) 0

13. NAME Hiram Cahew 0

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 0

15. MAIDEN NAME Lila Chaney

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 0

17. INFORMANT (ADDRESS) Hiram Cahew

18. BURIAL, CREMATION, OR REMOVAL PLACE Gardner DATE 8/7 38

19. FUNERAL DIRECTOR (NAME) H. R. Lusk (ADDRESS) Wheatland, Mo

20. FILED Sept-1- 19 38 Mrs. A. S. Johnston Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1938

22. I HEREBY CERTIFY, That I attended deceased from April-27 1938, to May-17- 1938

I last saw him alive on May-17- 1938. Death is said to have occurred on the date stated above, at 6:00 m.

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

Bronchial Pneumonia

Date of onset 5-10-38

Other contributory causes of importance:

Whooping Cough

4-20-38

Name of operation _____ Date of _____

What test confirmed diagnosis? Physi. 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) A. S. Johnston, M. D.

321 (Address) Wheatland Mo

NO. 100-10000

DATE OF DEATH



RECEIVED

District Health Officer No. 7

District File Number 7-38-388

Date Filed 11-10-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

JR Luckey

or by

Registered Apprentice No. _____ working under my personal supervision.

Signed

JR Luckey

Licensed Embalmer No. 2982

P. O. Address Wheatland, W. Va.

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.)

If this body is not embalmed, above space should be left blank.