

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

37136

Do not use this space.

1. PLACE OF DEATH

(a) County Worth Registration District No. 903
(b) Township Glitchall Primary Registration District No. 4545
(c) City Grant 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 BLANCHE ANNETTE CHASE

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cyrus B. Chase
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 25
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) 1938 11. Total time (years) spent in this occupation 131

12. BIRTHPLACE (CITY OR TOWN) St. John
(STATE OR COUNTRY) Iowa

13. NAME Abraham M. Beach

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

15. MAIDEN NAME Sarah M. Diddle

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

17. INFORMANT (NAME) Mrs. Annette Stevens
(ADDRESS) Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boysen, Mont. DATE 10/17/38

19. FUNERAL DIRECTOR (NAME) Arch C. Duffee
(ADDRESS) Grant City, Mo.

20. FILED 11-4 19 38 2nd Nov 21 10
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct-14, 1938

I last saw her alive on Oct-13, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Chronic interstitial nephritis Date of onset 1935

Other contributory causes of importance:
Operated on for gall stones - Sept-1938

Name of operation _____ Date of _____
What test confirmed diagnosis? Physician's finding 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 ✓, 1938

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) St. Joseph M. D.

(Address) Grant City Mo.

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, _____

Arch C. Dunfee

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Arch C. Dunfee

Licensed Embalmer No. *3252*

P. O. Address _____

Grant City, Mo.

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.