

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

Do not use this space.

DEC'D FEB 21 1939

2

548.

3064

1. PLACE OF DEATH

County Marion Registration District No. 548. File No. 3064
 Township Liberty Primary Registration District No. 4323. Registered No. 9.
 City Palmyra (No. _____) St. _____ Ward _____

2. FULL NAME Matilda Alice Chatfield

(a) Residence, No. Palmyra, 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 4 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 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) Emerson, Mo.

13. NAME Henry J. Netherland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kalls County, Mo.

15. MAIDEN NAME Theodosia Ellen Powell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Mo.

17. INFORMANT Russell Chatfield
 (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Union Cem. DATE 2/11/39.
Palmyra, Mo.

19. UNDERTAKER (ADDRESS) Palmyra, Mo.

20. FILED Feb 11 1939 Verdunde Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1939 to Feb 9, 1939

I last saw her alive on 2-5, 1939 Death is said to have occurred on the date stated above, at 7.10 a.m.

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

Cerebral Hemorrhage Date of onset 2-3-39
g. J. H.

Other contributory causes of importance:
Paralytic of one side put in 10-2-39

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 _____ (Address) Palmyra, Mo., M. D.
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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

