

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

40973
 Do not use this space.

1. PLACE OF DEATH
 (a) County Shelby Registration District No. 560
 (b) Township Jefferson Primary Registration District No. 6094-4-391 Registered No. 5
 (c) City Clarence Mo or (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME JAMES W. CHIRRA
 (a) Residence, No. Clarence Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1849
 7. AGE 90 YEARS 4 MONTHS 0 DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 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) Shelbyville Mo

FATHER
 13. NAME Edgar Chirra 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IL 24 1

MOTHER
 15. MAIDEN NAME Caranda West 0
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

17. INFORMANT (ADDRESS) Mrs Virg Kidwell

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Wood DATE 11/3 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William H. Tardieu
Clarence Mo

20. FILED Nov. 8 39 Roy Hamilton
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1939 to Nov. 1, 1939
 I last saw h. alive on Nov. 1, 1939. Death is said to have occurred on the date stated above, at 10 a m.
 The principal cause of death and related causes of importance were as follows:

Acute peritonitis
Septicemia
 Other contributory causes of importance: Senile Plegia
Sclerosis

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) Frank H. Roy, M. D.
757 (Address) Clarence, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

38,351

RECEIVED

District Health Officer No. 10

District File Number 12-39-2109

Date Filed DEC 7 1939

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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Henry Barkley

Licensed Embalmer No. 38351

P. O. Address Claremont

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.