

FILED MAY 21 1941

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

Do not use this space.

1. PLACE OF DEATH

County

Pettis

Registration District No.

668

Township

City

Sedalia

(No.

Primary Registration District No.

3032

File No.

15458

Registered No.

118

St.

Ward)

2. FULL NAME

Boyd Chadwick

(a) Residence, No.

1122 E 15

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

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

Feb 22 - 1879

7. AGE

YEARS
62MONTHS
1DAYS
14IF LESS than 1
day,hrs.
ormin.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Retired

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Georgetown
Mo

13. NAME

Clie Chadwick

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

Illinois

15. MAIDEN NAME

Ann Chadwick

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

Illinois

17. INFORMANT
(ADDRESS)Mrs Effie Craig
Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt Herman

DATE

4/8/41

19. UNDERTAKER
(ADDRESS)M. Laughlin Bros
Sedalia

20. FILED

April 8, 1941 Mrs Harry Sneed
Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 6, 1941

22. I HEREBY CERTIFY, That I attended deceased from

Mar 15, 1941, to April 6, 1941

I last saw him alive on April 5, 1941. Death is said

to have occurred on the date stated above, at 4 A.M.

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

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Influenza

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

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)

E. L. Crumley, M. D.

(Address)

Sedalia 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.

RECEIVED
District Health Officer No. 8
District File No. 5-19-41
Date Filed