MAY 25 1934

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

Do not use this space.

13572

1. PLACE OF DEATH
County Marion — Registration District No. 548.
Township — Primary Registration District No. 4323.
City Palmyra (No. ..., ... St. ... Ward)
File No.
Registered No. 32.

2. FULL NAME Mrs. Emma Louise Chauteau
(a) Residence, No. S.E. Cor. Lafayette and Lane St., 2d Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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 [redacted]ite
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August L. Chauteau
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10 - 1870.
7. AGE YEARS 64 MONTHS 6 DAYS 23 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
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) Palmyra Missouri

FATHER
13. NAME John Joseph Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick City Maryland

MOTHER
15. MAIDEN NAME Virginia Byng
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington City D. C.

17. INFORMANT (ADDRESS) Mrs. Virginia Collison Palmyra Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Mo. DATE April 26 1934
19. UNDERTAKER (ADDRESS) John Mead Palmyra Mo.
20. FILED 4-25 1934 Gertrude Lee Registrar.

8 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 1932, April 24, 1934
I last saw her alive on April 23, 1934. Death is said to have occurred on the date stated above, at 8 15 a. m.
The principal cause of death and related causes of importance were as follows:
Carcinomatosis, intraabdominal
48 apparently primary in pelvis
46C clinically primary in sigmoid
53B colon or urinary bladder rather than uterus
Date of onset About October 1933
Other contributory causes of importance:
Arteriosclerosis, extreme, generalized, particularly cerebral and renal, with psychosis, chronic interstitial nephritis and coronary sclerosis
Name of operation — Date of
What test confirmed diagnosis? all usual clinical & laboratory 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) Dr. Noxon Toomey, M. D.
(Address) Palmyra, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD