

JAN 24 1939

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

2176
Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin Registration District No. 289
(b) Township _____ Primary Registration District No. 4173 Registered No. _____
(c) City Malden (d) Street No. _____ (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 Margaret Chestnut
(a) Residence, No. 206 E. Main St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11 - 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 0 3
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. own home
10. Date deceased last worked at this occupation (month and year) Oct. 1938 11. Total time (years) spent in this occupation 36 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmore Ark.
13. NAME J. T. Carnahan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eudora Ark.
15. MAIDEN NAME Mattie Sumner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bartholomew Ark.
17. INFORMANT (ADDRESS) J. C. Chestnut Malden Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis Tenn DATE 1-15 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) National Funeral Home Memphis Tenn
20. FILED 1-14 1939 S. E. Mitchell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14 1939
I HEREBY CERTIFY That I attended deceased from Jan - 12 1939 to Jan 14 1939
I last saw him alive on Jan 13 1939. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:
Heart failure
Cancer uterus. Diagnosed 10/1/28
Operated 10/16/28
Gall bladder involvement (probably malignant) (Primary) 1/1/28
Other contributory causes of importance:
H 6 -
Name of operation Uterus + tubes removed Date of 10/16/28
What test confirmed diagnosis? Autopsy 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 1 - 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
(Signed) James Beall M. D.
(Address) 1102 W. Main St. Malden, Mo.

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.