

REC'D SEP 8 1939

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

28707
Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 94
 (b) Township Breckenridge Primary Registration District No. 4655 Registered No. _____
 (c) City _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred 42 yrs. 2 mos. 0 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ 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) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jefferson Chadwick
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1862
 7. AGE YEARS 76 MONTHS 10 DAYS 14
 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) Shurburn Co N.Y.

13. NAME Wm Fink

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ox City N.Y.

15. MAIDEN NAME Sarah Ann Driffin

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

17. INFORMANT (ADDRESS) Otto Chadwick Hamilton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Aug 31 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) T. McCallison Breckenridge Mo

20. FILED Sept 14 1939 A. P. Wilsey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1938, to Aug 29 1939
 I last saw her alive on Aug 27 1939. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Date of onset 1937

Other contributory causes of importance: aug 19 1939 - 39
Broken hip

Name of operation none Date of _____
 What test confirmed diagnosis? Symphysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) A. P. Wilsey M. D.
 (Address) Breckenridge Mo

Every item of information furnished on this certificate is a statement of OCCUPATION is very important.

194

District File No.

939-1115

SEP 5 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 *T. F. McBurn*

Licensed Embalmer No. *1570*

P. O. Address *Breckwidge*

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

28907
Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 94
(b) Township _____ Primary Registration District No. 4033 Registered No. _____
(c) City Breckenridge Street No. _____ St. _____
(d) _____ (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

Dec Etta Chadwick
(a) Residence, No. _____ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 10 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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)

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

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8. 29 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset 1937
Broken Hip 1936
was very weak and caught foot on rug and fell on floor Aug 19 39

Other contributory causes of importance: _____

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 8-19, 1934
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) A. R. Wilson M. D.
(Address) Breckenridge Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Every item of information should be stated EXACTLY AS IT OCCURRED. Exact statement of OCCURRENCE is important. CAUSE OF DEATH in plain terms, so that it may be properly classified.
NATION should be stated EXACTLY AS IT OCCURRED. Exact statement of OCCURRENCE is important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SUPPLEMENTARY

S-28707