

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

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.

OCT 28 1932

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

Do not use this space.

30191

1. PLACE OF DEATH

94 County St. Francois
5 Township
4 City Farmington (No.)

Registration District No. 773
Primary Registration District No. 4464

File No.
Registered No. 104 St. Ward)

2. FULL NAME

Francis Perry Chartrou
(a) Residence, No. A. O. E. St. Severin St 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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomdale, Mo.

FATHER 13. NAME August Chartrou
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER 15. MAIDEN NAME Mary Lajoie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co. Mo.

17. INFORMANT (ADDRESS) Bew R. Warren Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkview DATE 9-21 1932

19. UNDERTAKER (ADDRESS) Heider and Co Farmington, Mo.

20. FILED Sept 21, 1932 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1932 to Sept. 17, 1932
I last saw him alive on Aug 16, 1932 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:
Route Dysentery Date of onset Aug 29
13C
132B 13C
Other contributory causes of importance: Anemia Sept 5

Name of operation none Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Geo. B. Watkins, M. D.
(Address) Farmington, Mo.

