

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

Do not use this space.

29538

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Camdenton

File No.
Registered No. 302 St. Ward)

2. FULL NAME

(a) Residence, No. 186 1/2 Smet St. Ward.

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Chiseman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1854
7. AGE YEARS 79 MONTHS 3 DAYS 11 If LESS than 1 day, hrs. or min.
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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
13. NAME John Mosier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger.
15. MAIDEN NAME Elleby Rymel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.
17. INFORMANT Mollie Chenault (ADDRESS) 1514 Broadway
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Sept 23, 1933
19. UNDERTAKER (ADDRESS) W. H. Blackman & Son
2526 S. Independence Blvd.
20. FILED Sept 21, 1933 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1933
22. I HEREBY CERTIFY, That I attended deceased from 9/18, 1933, to 9/20, 1933
I last saw her alive on 9/20, 1933. Death is said to have occurred on the date stated above, at 8:45 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertension
Other contributory causes of importance: 77 a
Date of onset

Name of operation Date of
What test confirmed diagnosis? Chinist 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 Heart failure
(Signed) W. H. Blackman, M. D.
(Address) 10307 Independence Ave. K.C. Mo

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.

