

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

Do not use this space.

JUN 18 1937

19856

1. PLACE OF DEATH

27 County Copp Registration District No. 225 / t
Township Saline Primary Registration District No. 5306
City..... (No.....) 2 St..... Ward.....

2. FULL NAME IRMA GEORGIA CHRISMAN /

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 9 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1937, to May 9, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 20-1895

I last saw her alive on May 8, 1937 Death is said to have occurred on the date stated above, at 8:45 A.M.

7. AGE YEARS 41 MONTHS 7 DAYS 19 If LESS than 1 day, hrs. or min.

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

Myocarditis, acute Date of onset 5-8-37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE 25

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) MAY 1937 11. Total time (years) spent in this occupation LIFE

Other contributory causes of importance: Gelivis inflammation chronic unknown

12. BIRTHPLACE (CITY OR TOWN) BIG LICK MO. (STATE OR COUNTRY)

13. NAME GEORGE BROCKMAN

Name of operation none Date of.....

14. BIRTHPLACE (CITY OR TOWN) GOOCH MILL (STATE OR COUNTRY)

What test confirmed diagnosis? none Was there an autopsy?.....

15. MAIDEN NAME LOUISA DIENL

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.

16. BIRTHPLACE (CITY OR TOWN) COOPER COUNTY (STATE OR COUNTRY)

17. INFORMANT ARCH CHRISMAN (ADDRESS) OVERTON MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Copp's Chapel DATE MAY 11 1937

19. UNDERTAKER STEGNER-KOENIG (ADDRESS) BOONVILLE

20. FILED May 11 1937 W. Hooper Registrar.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify..... (Signed) W. Hooper, M. D. (Address) Boonville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2000

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cooper
Township Saline
City (No.) (St.) (Ward)

Registration District No. 225
Primary Registration District No. 5306

File No. 1985-6
Registered No.

2. FULL NAME

Jenna Georgia Cheisman

(a) Residence, No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
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.
41 7 19

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MOTHER FATHER

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. UNDERTAKER (ADDRESS)

20. FILED July 28 1937 W E Cooper Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1937

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:
Date of onset

Other contributory causes of importance:
Pelvic inflammation
Phrois, Not gonococic
(organism unknown)

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..... 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) N. E. Stone M. D.
(Address) Boonville Mo

SUPPLEMENTARY

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