PLACE OF DEATH

County Pettis

Township _____

or

Village Hughesville

or

City _____ (NO. _____ St.: _____ Ward)

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

Registration District No. 666 File No. 15444

Primary Registration District No. 4399 Registered No. 5

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mrs Mary J Chesser.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White

~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ ~~(Write the word)~~: Widow.

DATE OF BIRTH: 3 (Month) — 14 (Day), 1832 (Year)

AGE: 84 yrs. 1 mos. 8 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: House wife.
(b) General nature of industry, business, or establishment in which employed (or employer): _____

BIRTHPLACE (City or town, State or foreign country): Tennessee

PARENTS

NAME OF FATHER: John Mitchener

BIRTHPLACE OF FATHER (City or town, State or foreign country): Tenesee

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H T Scott

(ADDRESS) Hughesville Mo

Filed Apr 24 1916. W. T. Bishop REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4 (Month) 22 (Day), 1916 (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 1, 1915, to Apr 22, 1916, that I last saw her alive on Apr 22, 1916, and that death occurred, on the date stated above, at 7 48 a.m.

The CAUSE OF DEATH* was as follows:

Eczema added to the infirmities of old age

153 B

114 (Duration) ___ yrs. 6 mos. ___ ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) W T Bishop M. D.

Apr 22 1916 (Address) Hughesville

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL: Fristo Mo

DATE OF BURIAL: _____ 1916

UNDERTAKER: F C Voigt

ADDRESS: Houstonia Mo

MISSOURI STATE BOARD OF HE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County.....

Township.....
or
Village.....
or
City.....(NO.....St.:.....Ward)

Registration District No.....

Primary Registration District No.....

File No.....

Registered No.....

[If death oc
hospital or
give its NA
of street and

FULL NAME.....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

.....(Month) .....(Day) , 1.....(Year)

AGE

.....yrs.....mos.....ds.

If LESS than 1 day.....hrs. or.....min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(ADDRESS).....

Filed ....., 191....., ...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

.....(Month) .....(Day)

I HEREBY CERTIFY, that I attended deceas

....., 191....., to.....

that I last saw h.....alive on.....

and that death occurred, on the date stated above, at.....

The CAUSE OF DEATH* was as follows:

.....

.....

.....(Duration).....yrs.....mos.....

Contributory.....
(SECONDARY)

.....(Duration).....yrs.....mos.....

(Signed).....

....., 191..... (Address).....

*State the Disease Causing Death, or, in deaths from Violent Cau
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI
RECENT RESIDENTS)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....

Where was disease contracted if not at place of death? .....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
UNDERTAKER	ADDRESS

Filed.....

15

(Addr

(Informant)

14 THE ABOVE IS

PARENTS

13 BIRTH
OF MO
(City or

12 MAIDE
OF MO

11 BIRTH
OF FA
(City or

10 NAME
FATHE

9 BIRTHPLACE
(City or town,
State or foreign cou

8 OCCUPATION
(a) Trade, pro
particular kin
(b) General n
business, or e
which employ

7 AGE

6 DATE OF BIR

3 SEX

PERS

2 FULL

City.....
or
Village.....
or
Township.....
County.....

1 PL