WAY 28 1927

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

Do not use this space. 12289

1. PLACE OF DEATH
County McDonald — Registration District No. 1149 — File No. 1
Township Pineville — Primary Registration District No. 5698 — Registered No. 9
City ~~[illegible]~~ (No. ..... St. ..... Ward)

2. FULL NAME Albert W Chenoweth
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Della Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 7th 1874

7. AGE: Years 52 — Months 10 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Electric
(c) Name of employer: Ozark Electric Power Co

9. BIRTHPLACE (CITY OR TOWN): Pineville
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Albert W Chenoweth
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Thursa Harman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Greeville
(STATE OR COUNTRY): Ten

14. INFORMANT: Le Chiweth
(Address): Joplin Mo

15. FILED 4/14 1927 Leo Carrell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apl 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Apl 28, 1926, to Apl 12, 1927 that I last saw him alive on Apl 12, 1927, and that death occurred, on the date stated above, at 4:10 ~~[illegible]~~ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hypertension and Chronic Albuminuria
131
10 yrs (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 129C
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Sphygmomanometer and Laboratory tests
(Signed) O S John, M. D
, 19 (Address) Pineville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Pineville Cemetery — DATE OF BURIAL: Apl 14 1927

20. UNDERTAKER: Lee Carrell — ADDRESS: Pineville

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.