

FEB 20 1928
134

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

Do not use this space. 227

1. PLACE OF DEATH
 County Ruehman Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001 File No. _____
 City St. Joseph (No. State Hospital for Insane Mo. St.) Registered No. 33 Ward _____

2. FULL NAME Jennie Chick
 (a) Residence No. 210 1/2 Francis 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. 8 mos. 28 da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>0</u>	<u>8</u> (8)	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Seamstress
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Richard Chick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wickham
 (STATE OR COUNTRY) New Hampshire

12. MAIDEN NAME OF MOTHER Margaret Cowie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 11, 1927, to Jan. 9th 1928, that I last saw her alive on Jan. 9th 1928, and that death occurred, on the date stated above, at 1:30 - P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
93C
167

(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY Senile Degeneration
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED? POB
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
Ad. Dr. W. J. ... (Signed) _____, M. D.
Jan 9, 1928 State Hosp. No 2

*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.

14. INFORMANT Mrs. Elizabeth Welch
 (Address) 210 1/2 Francis St.

15. FILED 1928 19. _____ REGISTRAR John G. ...

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary Cemetery DATE OF BURIAL Jan. 11, 1928

20. UNDERTAKER Heaton Beale Bowman ADDRESS 319 S. 10th St.
W. H. ... Funeral Home

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.

