

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.

JAN 23 1929

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

Do not use this space.
~~36730~~
40393

1. PLACE OF DEATH
County Howard Registration District No. 878
Township _____ Primary Registration District No. H. 222
City Fayette (Name) _____ St. _____ Ward _____

2. FULL NAME Mrs Susie M. Chorn
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. Chorn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 | 1 | 24 | — | — | —

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky

10. NAME OF FATHER Sheldon J. Maupin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Jessie Lackey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28 1928

17. I HEREBY CERTIFY That I attended deceased from March 1927, to Nov. 28 1928 that I last saw her alive on Nov. 28 1928, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
930
95 B (duration) 2 yrs. mos. ds.

CONTRIBUTORY Cardiac decompensation (SECONDARY) (duration) 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHICH TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Wm. H. Shaw, M. D.
, 19 (Address) Fayette, Mo.

*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 L. M. Chorn
(Address) Fayette Mo.

15. FILED 12.20 1928 V. Q. Barkham
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL 12-30 1928

20. UNDERTAKER Guy T. Halley ADDRESS Fayette Mo.

