

28-1929

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

Do not use this space.

3040

1. PLACE OF DEATH
 County Putnam Registration District No. 718
 Township Union Primary Registration District No. 6430
 City Unionville (No.) St. Ward)

2. FULL NAME Elizabeth Jane Choate
 (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

MEDICAL CERTIFICATE OF DEATH

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 Thomas Choate
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 14-1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min. 76 9 26
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) house work
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) Putnam Co Mo (STATE OR COUNTRY)
 10. NAME OF FATHER William Jones
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Don't know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1929
 17. I HEREBY CERTIFY That I attended deceased from Dec 10 1928 to Jan 10 1929 that I last saw her alive on Jan 10 1929, and that death occurred, on the date stated above, at 8 P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
 1077 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 100% (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: Unionville
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Ed. Montgomery, M. D.
1-11-29 (Address) Unionville, Mo.

14. INFORMANT J. B. Choate
 (Address) Unionville Mo
 15. FILED 1-11-29 J. H. Johnson REGISTRAR
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Thompson Cemetery DATE OF BURIAL Jan 12 1929
 20. UNDERTAKER Constance Moore & Co ADDRESS Unionville Mo.

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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

