

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

Do not use this space.

10011

1. PLACE OF DEATH
 County Coole Registration District No. 213
 Township Jefferson Primary Registration District No. 3014
 City Jefferson (No.) St. Ward (....)

2. FULL NAME Jean Joseph Cholet
 (a) Residence No. 319 Marshall 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 29-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
1 6 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson City Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Narold Cholet

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Virginia Hennessey

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

14. INFORMANT N. P. Cholet
 (Address) J.C. Mo.

15. FILED 3-5-29 Everedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 8-1929

17. I HEREBY CERTIFY, That I attended deceased from 2-22-29 to March 3, 1929, that I last saw h. alive on March 3, 1929, and that death occurred, on the date stated above, at 9:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza - pulmonary type
11 H (duration) 4 yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY) HO (duration) 4 yrs. 4 mos. 4 ds.

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

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. Bruce H. Haise, M.D.
 32-1929 (Address) 1205 Elmwood Ave

*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 DATE OF BURIAL
St. Peter's Cem. J.C. Mo. 3-5-1929

20. UNDERTAKER ADDRESS
L. P. Neurich J.C. 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.

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1677h
977h