

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

Do not use this space.

949

1. PLACE OF DEATH

County Howard Registration District No. 380 File No. _____
 Township _____ Primary Registration District No. 4224 Registered No. 5
 City New Franklin (No. _____) St. _____ Ward _____

2. FULL NAME Mary Virginia Chancellor

(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 w 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) 8-28-56

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	73	4	24	=

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) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Howard Co.
 (STATE OR COUNTRY) mo

10. NAME OF FATHER J R Chancellor

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

12. MAIDEN NAME OF MOTHER H. Blaubach

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

14. INFORMANT L J Chancellor
 (Address) New Franklin

15. FILED 1-21-19-30 R. Fleck
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-21 1930

17. I HEREBY CERTIFY, That I attended deceased from _____
Jan 7, 1930 to Jan 21, 1930
 that I last saw h. or alive on Jan 21, 1930, and that death occurred, on the date stated above, at _____ 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
11A
109A
 (duration) yrs. mos. ds.

CONTRIBUTORY Influenza
 (SECONDARY)

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? None

(Signed) R. Fleck, M. D.

1-21-1930 (Address) New Franklin

*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 Clarks Chapel DATE OF BURIAL 1-21 1930

20. UNDERTAKER Edmundo New Franklin ADDRESS _____

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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