WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 30 1931

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

2129

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No. 6
Township Tywapatta — Primary Registration District No. 3030 — Registered No. 6
City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Maggie Chandler
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 10, 1875
7. AGE: YEARS 56 — MONTHS 4 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work,
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Tenn Tenn 2
PARENTS
10. NAME OF FATHER: Henry Warton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn " "
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
14. INFORMANT: Mrs Ora Goosby
(Address) Charleston Mo
15. FILED Jan 14th, 1931 F A Denn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 13 1931
17. I HEREBY CERTIFY, That I attended deceased from about Dec 13, 1930, to Jan 13, 1931 that I last saw her alive on 1/12/31, 19.. and that death occurred, on the date stated above, at 5 25 p m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-vascular-renal disease
121
162 at least (duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.
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? Clinical Symptoms
(Signed) E. Chas. Rahwing, M. D.
, 19 (Address) Charleston 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oakgrove, — DATE OF BURIAL: Jan 15 1931
20. UNDERTAKER: D. S. Williams — ADDRESS: St Keaton Mo