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

Do not use this space.

6168

1. PLACE OF DEATH
County Lawrence — Registration District No. 471 — File No. 7
Township Pierce — Primary Registration District No. 5634 — Registered No. 5
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs Hettie Chastain
(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 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

APR 23 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. F. Chastain

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 2. 1869

7. AGE: YEARS 62 — MONTHS 1 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Tennessee ?

PARENTS
10. NAME OF FATHER: R. L. Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Mary Hood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: J. F. Chastain
(Address): R#4 Monett Mo

15. FILED 4/7/31, 19..... H Ross Clark, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 21 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to Feb 20, 1931, that I last saw her alive on Feb 20, 1931, and that death occurred, on the date stated above, at ..... a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Nephritis and Rheumatism
Duration of Nephritis unknown
Rheumatism (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) 13 yrs. 5 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 Evidence
(Signed) D. E. Miller, M. D
, 19 (Address) Monett, 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: Corinth — DATE OF BURIAL: 2/22 1931

20. UNDERTAKER: Callaway's — ADDRESS: Monett