

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

81 Do not use this space.

22485
File No. _____
Registered No. 115
St. _____ Ward _____

1. PLACE OF DEATH
County Randolph Registration District No. 735
Township _____ Primary Registration District No. 3034
City Moberly (No. 805 So 4th) St. _____ Ward _____
2. FULL NAME William H. Chenoweth
(a) Residence, No. 805 So 4th 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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 - 1864
7. AGE YEARS 66 MONTHS 5 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
13. NAME Albert Chenoweth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
15. MAIDEN NAME Sarah Abt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
17. INFORMANT (ADDRESS) Mrs Jennie Chenoweth Moberly, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE June 3 1931
19. UNDERTAKER (ADDRESS) Mason & Son Moberly, Mo
20. FILED June 11 1931 1100 S. 7th Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11th 1931
22. I HEREBY CERTIFY that I attended deceased from January 31 1931 to June 11th 1931
(last saw him alive on June 11th 1931) Death is said to have occurred on the date stated above, at 3:55 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset 1929
Other contributory causes of importance: 131 131
Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. P. Mitchell M. D.
(Address) Moberly Mo

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.

JUL 28 1931

MARGIN RESERVED FOR BINDING

V.S. No. 2.

