

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

Do not use this space.

40425

~~40337~~

1. PLACE OF DEATH

County Christian
Township Lincoln
City (No. _____) _____

Registration District No. 183
Primary Registration District No. 5252

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

America Francis Choate

(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21-1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>8</u>	<u>7</u>	

OCCUPATION 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) Missouri

MOTHER 13. NAME William Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Francis Slate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs E. Riley (ADDRESS) Poplar Springs M.R.I.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ponce De Leon DATE Dec. 31-1931

19. UNDERTAKER J. H. Maples (ADDRESS) Clever Mo.

20. FILED 1-10 1932 A. H. Maples Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29-1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1931, to Dec 26, 1931

I last saw her alive on Dec 26, 1931. Death is said

to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

Apoplexia
82A
J. H. A.
Other contributory causes of importance: _____

Date of onset

1/24/31

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? No.
If so, specify _____

(Signed) E. H. A., M. D.
(Address) Clever, 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.

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