

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

Do not use this space.

4400

1. PLACE OF DEATH

County Green Registration District No. 329
 Township Walnut Grove Primary Registration District No. 1-4-50
 City Walnut Grove Rv (No. _____) St. _____ Ward _____

2. FULL NAME

Jaredee Palestine Chisoweth
 (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 5 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John B Chisoweth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-16-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 5

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) Barry County Mo (STATE OR COUNTRY) Mo

13. NAME J. A. Parker

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

15. MAIDEN NAME Anna Jane Sewell

16. BIRTHPLACE (CITY OR TOWN) Green (STATE OR COUNTRY) Mo

17. INFORMANT J. B. Chisoweth (ADDRESS) Walnut Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenland Cemetery DATE 2-22-1932

19. UNDERTAKER J. B. Chisoweth (ADDRESS) Walnut Grove Mo

20. FILED 2-22 1932 J. B. Chisoweth Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-21-1932

22. I HEREBY CERTIFY, That I attended deceased from June 21 1930 to Feb 21 1932
 I last saw her alive on Feb 18 1932 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:
Neurotic Disease Mitral Insufficiency Date of onset 1920
95B
92A
 Other contributory causes of importance:
Tachycardia agitata 1900
1

Name of operation none Date of _____
 What test confirmed diagnosis? Physician 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. B. Smith M. D.
 (Address) Walnut Grove 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.

APR 26 1932

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