

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.

MAY 24 1932

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

Do not use this space.

12223

39 1. PLACE OF DEATH
County Greene Registration District No. 317
Township Republic Primary Registration District No. 5436
City Republic, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME W. C. Chriswell
(a) Residence, No. (went) St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 56 yrs. 4 mos. 16 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Butler Chriswell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
56 4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Mar. 1932 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic, Missouri 1

13. NAME Theodore G. Chriswell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

15. MAIDEN NAME Arimba Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

17. INFORMANT Vera McMullen (ADDRESS) Republic, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE April 4th 1932

19. UNDERTAKER W. C. Thurman & Co (ADDRESS) Republic, Mo.

20. FILED 4/4 1932 V. W. Shower Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15th, 1932, to March 30, 1932
I last saw h. in alive on March 30, 1932. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Nephritis with 182 3 years ago.
oedema
Other contributory causes of importance:
Fluid in body cavity

Name of operation none Date of _____
What test confirmed diagnosis? Micro 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) Dr. Robert L. Mitchell M. D.
(Address) 1202 234 - Republic Mo.

2011