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

Do not use this space.

18944

1. PLACE OF DEATH
18 County Carter — Registration District No. 143
Township Carter — Primary Registration District No. 5205
City Van Buren Mo. No. ____ St. ____ Ward)

File No. ____
Registered No. ____

2. FULL NAME Meda Chronister

(a) Residence. No. ____ Van Buren Mo. 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.

Jul 22 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF H. A. Chronister

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14 - 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	22	10	9	

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) 225
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rogers Creek
(STATE OR COUNTRY) Carter Co. Missouri

PARENTS

10. NAME OF FATHER Louis Lambert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ____
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Josie Yates
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____
(STATE OR COUNTRY) Missouri

14. INFORMANT H. A. Chronister
(Address) Van Buren Mo.

15. FILED 6-23 1932 J. W. Cotton
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 — 23 1932

17. I HEREBY CERTIFY, That I attended deceased from June 14 1932 to June 23, 1932 that I last saw her alive on June 22, 1932, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Dilatation
incident to acute Nephritis and Pregnancy
(duration) yrs. 14 mos. ____ ds.

CONTRIBUTORY (SECONDARY) 14 Q
(duration) yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? (1)
DID AN OPERATION PRECEDE DEATH? ____ DATE OF ____
WAS THERE AN AUTOPSY? ____
WHAT TEST CONFIRMED DIAGNOSIS? ____

(Signed) J. W. Cotton, M. D
, 19 (Address)

*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~~ Home Creek — DATE OF BURIAL 6-23 1932

20. UNDERTAKER W. C. Croy. — ADDRESS Van Buren

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.