

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

Do not use this space.

33141

1. PLACE OF DEATH

80 County Pettis Registration District No. 665
 4 Township _____ Primary Registration District No. 3032
 8 City Sedalia (No. 2724) Lafayette St. _____ Ward _____

File No. _____
 Registered No. 255
 St. _____ Ward _____

2. FULL NAME

Anna Chemeltski
 (a) Residence, No. 2724 Lafayette St., _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. _____ da. _____ How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of John Chemeltski

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|------------------|-------|--------|------|--|
| <u>About 100</u> | | | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany 16

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Don't know 31

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Don't know

14. INFORMANT W. F. Bussert (Address) 2724 Lafayette

15. FILED 10-5-32 J. L. LOVE REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/1/32 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 1, 1932, that I last saw him alive on Oct 1, 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
11A
107K (duration) yrs. _____ mos. 4 da.

CONTRIBUTORY (SECONDARY) Laryngitis (duration) yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED HO (1) IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) [Signature] M. D. , 19 _____ (Address) Sedalia MO

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 Crown Hill DATE OF BURIAL 10/6/32

20. UNDERTAKER McLaughlin Bros ADDRESS Sedalia

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.

NOV 28 1932

