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

Do not use this space.

1510

1. PLACE OF DEATH

County JACKSON — Registration District No. 389 — File No. 240

Township KAW — Primary Registration District No. 1607 — Registered No. 240

City KANSAS CITY (No. 123 SOUTH ELMWOOD St. ..... Ward)

2. FULL NAME MRS. EDITH M CHIDESTER

(a) Residence, No. 123 - SOUTH ELMWOOD St., 10 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 S G CHIDESTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-18-1863

7. AGE: YEARS 69 — MONTHS 6 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
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) DES MOINES IOWA

FATHER

13. NAME J. M. WATSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOW

MOTHER

15. MAIDEN NAME UNKNOWN HORR
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) LUCILLE DALE HAYZLETT 3344-HARRISON ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JANUARY-18, 1933

19. UNDERTAKER (ADDRESS) D.W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED Jan 16, 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY-16 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1933, to Jan 16, 1933

I last saw her alive on Jan 15, 1933 Death is said to have occurred on the date stated above, at 3:45A m.

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

	Date of onset
Coronary occlusion	1-5-33
94B	
27A	
7M	
11	

94B

Other contributory causes of importance:

Gen. Arteriosclerosis	years
Hypertrophic Arthritis	years

Name of operation none Date of

What test confirmed diagnosis? Symptoms 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) Robert T. Gants, M. D.

(Address) 4748 Prospect

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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