

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

Do not use this space.

29538

1. PLACE OF DEATH:
 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5554
 City Camden St. _____ Ward) _____

2. FULL NAME Eliet J. Chrisman
 (a) Residence, No. 186 1/2 Smet 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Chrisman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1854

7. AGE YEARS 79 MONTHS 3 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Mo.

MOTHER FATHER 13. NAME John Mosier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger.

15. MAIDEN NAME Eliet Rymel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Mollie Chenault
 (ADDRESS) 1514 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Sept 23, 1933

19. UNDERTAKER W. H. Blackman & Son
 (ADDRESS) 2526 Ind. Blvd.

20. FILED Sept 21, 1933 Dr. F. L. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/18, 1933, to 9/20, 1933

I last saw her alive on 9/20, 1933. Death is said to have occurred on the date stated above, at 8:45 P. m.

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

Cerebral Hemorrhage
 82A
 102
 Hypertension
 77A

Other contributory causes of importance: _____

Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chiasm 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) Shirley Helms, M. D.
 (Address) 10307 Ind. ave. K.C. Mo

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

