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.

MAR 24 1934

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

Do not use this space.

File No. 8461

Registered No.

1. PLACE OF DEATH

County Dunklin

Township Ind

City Kennett (No. ..... St. ..... Ward)

Registration District No. 288

Primary Registration District No. 4172

2. FULL NAME Evaline Doris Chronister

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

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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26 - 1933

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

OCCUPATION

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

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) Kennett Mo.

FATHER

13. NAME Virgie Chronister

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freibee Mo.

MOTHER

15. MAIDEN NAME Bessie Parrish (Chronister)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Mo.

17. INFORMANT (ADDRESS) Virgie Chronister

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hazel DATE 3-8- 1934

19. UNDERTAKER (ADDRESS) Family Kennett Mo.

20. FILED 3-8- 1934 Wheeler Dan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7- 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1934 to Mar. 7, 1934

I last saw her alive on 3-7, 1934 Death is said to have occurred on the date stated above, at 11 40 p.m.

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

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Measles

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) James C. Cox, M. D.

(Address) Kennett, Mo