

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

Do not use this space.

16556

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Independence Primary Registration District No. 3019
 City Independence (No. 408 N Hooker) St. _____ Ward _____

File No. _____

Registered No. 154

2. FULL NAME

(a) Residence, No. 408 N Hooker 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 female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22, 1861

7. AGE YEARS 72 MONTHS 5 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Pleasant Hill Mo.

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mr. Ambros Christmas (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE May 5 1934

19. UNDERTAKER Sparks Funeral Home (ADDRESS) 208 E. Van Horn

20. FILED May 5 1934 Dr. Z. S. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10th 1934 to May 2 1934

I last saw her alive on Apr. 2 1934 Death is said to have occurred on the date stated above, at 6 p.m.

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

Acute Brights Disease Date of onset _____

Other contributory causes of importance: Senility

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 _____ 1934

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? _____

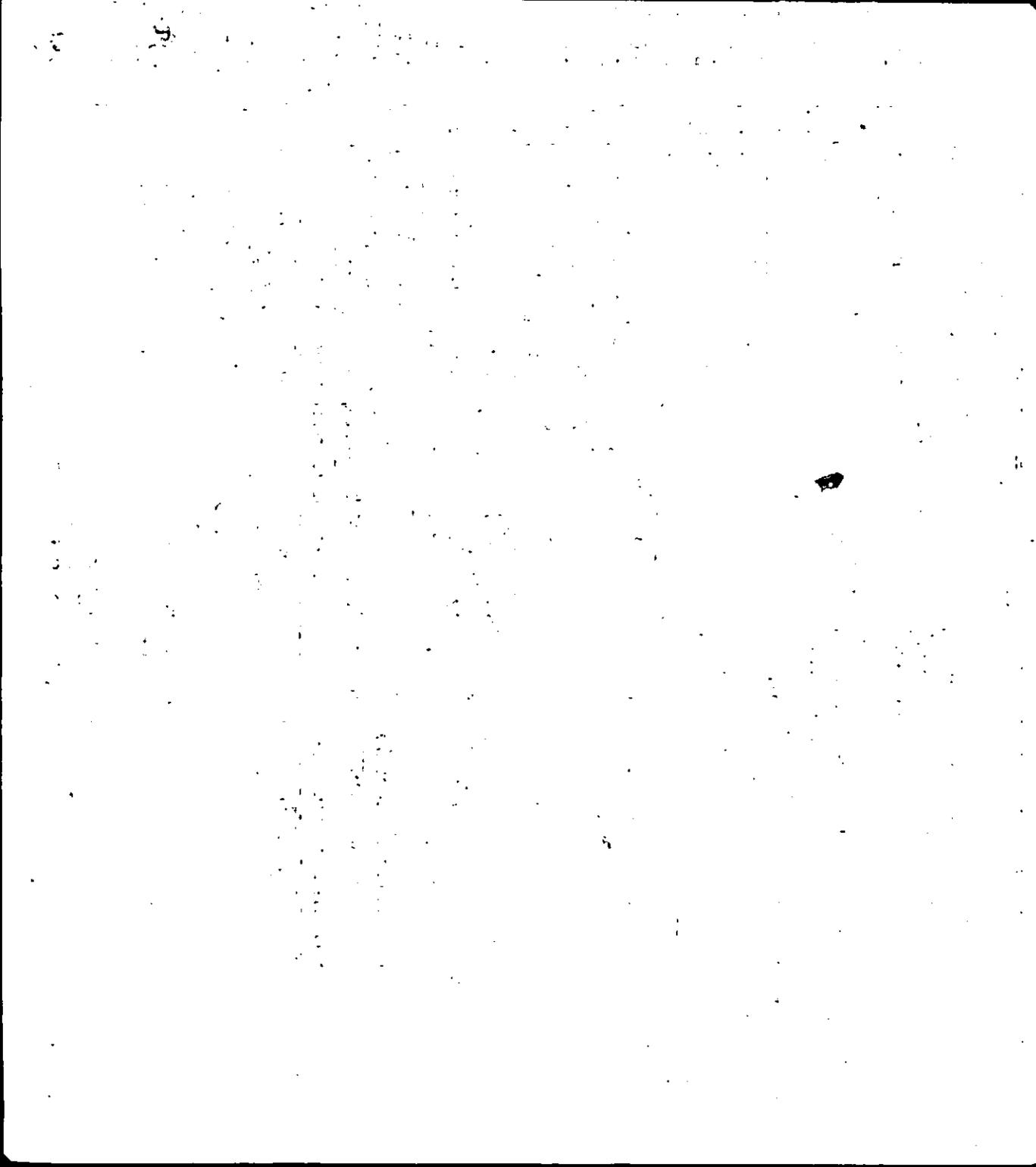
If so, specify _____

(Signed) W. H. Dause M. D.

(Address) 415 N. Nettleton Indep. Mo.

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.



#2 Jackson.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS 16556

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

159

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Florence Chisman

Who died at _____ on May - 3 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race Negro Single, married, widowed or divorced:

Date of birth _____ Age: Years 72 Months 5 Days 19

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Acute Bright's disease, Colic & exposure
She fell & lay exposed to the weather for several hours.

Other contributory causes of importance Senility

Name of operation _____ Date of _____

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

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician W.H. Lawrence 418 W Nettleton

Address of physician Independence Mo

Signature of Registrar F. R. Book

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 398

Very truly yours,

Primary Reg. Dist. No. 3019

E. T. McLaugh, M.D.
Special Agent.
T.M.K.

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