

SEP 26 1935

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

Do not use this space.

28546

1. PLACE OF DEATH

County Wayne
Township Sumner
City Fidestown (No.)

Registration District No. 891
Primary Registration District No. 4540

File No.
Registered No. 181 St. Ward)

2. FULL NAME

Bettie A. Chism

(a) Residence, No. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 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 Joseph B. Chism

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 1 29

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

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 (ADDRESS) Ralph Chism, Farmington

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Ch. Date Aug 6, 1935

19. UNDERTAKER (ADDRESS) Norman W. West, Fidestown, Mo.

20. FILED 8/5 1935 7:10 W. J. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-7 1935, to Aug 5, 1935. I last saw her alive on 8-7, 1935. Death is said to have occurred on the date stated above, at 12:00 pm.

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

Cancer of the Liver Date of onset

Other contributory causes of importance NO

Name of operation none 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) J. T. Wiley, M. D.
(Address) Fidestown, 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.

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