

NOV 23 1935

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

Do not use this space.
33255

1. PLACE OF DEATH

County LinnRegistration District No. 496

Township

Primary Registration District No. 3075City Brookfield(No. 527)Market

File No.

Registered No. 97St. 3

Ward)

2. FULL NAME Christina J. Charpist(a) Residence, No. 527 MarketSt. 3

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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)

Single

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

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

5-17-1870

7. AGE

65

YEARS

MONTHS

4

DAYS

26

IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, 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)

Linn Co. Missouri

13. NAME

August Charpist

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

Not Known

15. MAIDEN NAME

Johnna Stanger

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

Germany

17. INFORMANT (ADDRESS)

Chas. Meyer Brookfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE

Linhart Chaple

DATE

Oct. 15, 1935

19. UNDERTAKER (ADDRESS)

C. W. Hill Brookfield Mo

20. FILED

11/9/35 19 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-13, 193522. I HEREBY CERTIFY, That I attended deceased from 9-8, 1935, to 10-13, 1935I last saw him alive on 10-12, 1935. Death is saidto have occurred on the date stated above, at 11 A.M.

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

Chronic Myocarditis
Chronic Interstitial Nephritis

Date of onset

4 yrs4 yrs

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? Urinal 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) C. E. Enoch, M. D.(Address) Brookfield 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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31
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