

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

JUN 17 1937

1. PLACE OF DEATH

12 County Butler  
2 Township  
1 City Poplar Bluff

Registration District No. 89  
Primary Registration District No. 3007  
(No. Poplar, Bluff Hospital)

File No. 19575  
Registered No. 133  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Linda May Violet Chenault

(a) Residence, No. 104 Victor St., Kellytown Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 19 37

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

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1937 to 5-10 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1920

I last saw her alive on 5-10 1937 Death is said to have occurred on the date stated above, at 1: P.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min. 16 7 15

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

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

Acute gangrene of appendix Date of onset 4-17-37

12. BIRTHPLACE (CITY OR TOWN) New Madrid County  
(STATE OR COUNTRY) Missouri

Other contributory causes of importance: Peritonitis

FATHER 13. NAME Charles Chenault

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER 15. MAIDEN NAME Mary Bryant

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) Poplar Bluff,  
(STATE OR COUNTRY) Missouri

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT Mary Chenault  
(ADDRESS) Poplar Bluff, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REINBURSEMENT PLACE Woodlawn DATE May 12, 1937

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

19. UNDERTAKER Greer Funeral Service  
(ADDRESS) Poplar Bluff, Mo.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

20. FILED 5/11 1937 Obitinger Registrar.

If so, specify \_\_\_\_\_ (Signed) [Signature], M. D. (Address) [Address]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

