JAN 15 1938

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

Do not use this space.

File No. 44864

Registered No. 293

1. PLACE OF DEATH

County Butler — Registration District No. 89

Township — Primary Registration District No. 3007

City Poplar Bluff (No. Lucy Lee Hospital St. Ward)

2. FULL NAME Henry Louis Choisser

(a) Residence, No. Sanders Ave. 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: Male

4. COLOR OR RACE: White

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) Aug. 27, 1920

7. AGE: Years 17 — Months 4 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Stoddard County Missouri

FATHER

13. NAME John Choisser

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

MOTHER

15. MAIDEN NAME Paralee Prootor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler County Missouri

17. INFORMANT (ADDRESS) John Choisser Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery
PLACE Poplar Bluff, Mo. DATE Dec. 31, 1937

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff, Missouri.

20. FILED 1/31, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:05 a.m.

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

	Date of onset
Pneumonia. Lobar	12-24-37.

Other contributory causes of importance: none

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) J. W. McBrien, M. D.

(Address) Poplar Bluff, Missouri.

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.