

REC'D OCT 26 1938

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

33081

Do not use this space.

## 1. PLACE OF DEATH

(a) County Polk Registration District No. 708  
(b) Township S. M. Kinnley Primary Registration District No. 57376 Registered No. 93  
(c) City Polk (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Albert Marion Choate

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1916

7. AGE YEARS 22 MONTHS 1 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as 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) Polk County  
(STATE OR COUNTRY) Mo.

13. NAME David Marion Choate

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

15. MAIDEN NAME May Witt

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

17. INFORMANT Mrs. Dot Choate  
(ADDRESS) Polk Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Enon DATE Sept. 29, 1938

19. FUNERAL DIRECTOR White and Erwin  
(ADDRESS) Bolivar Missouri

20. FILED Oct 4, 1938 Max Zimmwath  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1938, to Sept. 28, 1938  
I last saw him alive on Sept. 28, 1938. Death is said to have occurred on the date stated above, at 11:20 A.M.  
The principal cause of death and related causes of importance were as follows:

Internally Abdominal Hemorrhage & Contusions from injury

Date of onset

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury Sept. 27, 1938  
Where did injury occur? Polk County  
(Specify city or town, county, and State)

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

Manner of injury On farm  
Nature of injury Truck over by wagon and team

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) M. J. Zimmwath M. D.

(Address) Bolivar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No. 7,

District File Number 7-38-245

Date Filed 10-11-38

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**