

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.

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

3652  
Do not use this space.

REC'D FEB 27 1939

1. PLACE OF DEATH  
(a) County Reynolds Registration District No. 748  
(b) Township Wagon Primary Registration District No. 5982  
(c) City Paris (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME PARIZILHA CHITWOOD POGUE  
(a) Residence, No. Elmington, Reynolds Co. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1862  
7. AGE YEARS 76 MONTHS 3 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
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) Paris, Mo.

FATHER 13. NAME W. B. Chitwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Mo.

MOTHER 15. MAIDEN NAME Martha Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Mo.

17. INFORMANT (ADDRESS) Carl Pogue

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Elmington, Mo.

PLACE Chitwood Care DATE Feb. 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Crow

FILED Feb 4, 1939 Essie Evans Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1939 to 2/4, 1939  
I last saw her alive on 2/4, 1939 Death is said to have occurred on the date stated above, at 9:05 A. M.  
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexia  
Date of onset 1/15-39  
121

Other contributory causes of importance: Nephritis, Arteriosclerosis 19.20

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) J. H. Kells, M. D.

(Address) Elmington, Mo.

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**