

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

Do not use this space.

41001

1. PLACE OF DEATH  
 County Stoddard Registration District No. 8-1  
 Township Ducktown Creek Primary Registration District No. 1  
 City Puxie (No. 5163) St. 35 (Ward)

2. FULL NAME George Berry Chenault  
 (a) Residence, No. 5163 St. 35 Ward. 35 (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

**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 Lena Chenault

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2-1890

7. AGE YEARS 49 MONTHS 3 DAYS 26 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Coyle, Co.

FATHER  
 13. NAME Charles F. Chenault  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coyle, Co.

MOTHER  
 15. MAIDEN NAME Mary Elizabeth Baseball  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coyle, Co.

17. INFORMANT (ADDRESS) George Chenault Puxie Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Puxie DATE Nov 30 1939

19. UNDERTAKER (ADDRESS) Watkins Denton Mc

20. FILED Nov 30 1939 Debra Mc Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1939

22. I HEREBY CERTIFY That I attended deceased from Oct 1 1939 to Nov 28 1939  
 I last saw him alive on Nov 27 1939. Death is said to have occurred on the date stated above, at 6 a m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset

Other contributory causes of importance: 92C

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 Chronic Myocarditis  
 (Signed) E. H. Chumme, M. D.  
 (Address) Puxie, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 2,

District File Number 1239-400

Date Filed 12-5

*Hunter Albritton*

*# 2940*

*Jilkeston Mo.*