

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

Do not use this space.

FILED NOV 25 1940  
PLACE OF DEATH

County TANEU  
Township Sumner  
City Sumner (No. ....) St. .... Ward)

Registration District No. 861  
Primary Registration District No. 6132

36590

File No. ....  
Registered No. 27

2. FULL NAME

Chloe Root

(a) Residence. No. .... St. V 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 Female 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 JAMES Clavence Root

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27, 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
46 | 0 | 0 | 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Forsyth, Mo.  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jesse A. Tolerton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Letitia Parrish

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT (Address) Mrs. J. O. Parrish, Forsyth, Mo. 113

15. FILED 10-11-1940 Irene B. Reynolds REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 29<sup>th</sup> 1940

17. I HEREBY CERTIFY, That I attended deceased from July 4<sup>th</sup> 1940 to Sep 27<sup>th</sup> 1940 that he last saw her alive on Sep 27<sup>th</sup> 1940, and that death occurred, on the date stated above, at 2<sup>nd</sup> m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary atherosclerosis  
(duration) 1 yrs. 5 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Myocardial infarction  
Myocardial infarction (duration) 1 yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 1939

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Biopsy of aorta

(Signed) J. O. Parrish M. D.

, 19 1940 (Address) Forsyth

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forsyth DATE OF BURIAL Sept 29 1940

20. UNDERTAKER P. O. Wheelchel ADDRESS Branson, Mo.

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

RECEIVED

District Health Officer No. 6,

District File Number 1140-2874

Date Filed NOV 7 5 1940