

AUG 24 1937

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

Do not use this space.

27314

1. PLACE OF DEATH

County HenryRegistration District No. 347

Township

Primary Registration District No. 3018City Clinton

(No. _____)

St. _____

Ward _____

2. FULL NAME Mary Jona Chanslor(a) Residence, No. 717 E. Grand

(Usual place of abode)

Ward _____

(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 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J J Chanslor6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 7 - 18577. AGE YEARS 79 MONTHS 11 DAYS 16 If LESS than 1 day, _____ hra. or _____ min.8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Homework

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) Ky13. NAME Dr Williams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Frank Chanslor (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Englewood DATE 7/24/3719. UNDERTAKER Corralus Beck (ADDRESS) Clinton Mo20. FILED 7-24 1937 J R Humphreys Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 23, 193722. I HEREBY CERTIFY That I attended deceased from For several years 1937 to July 23, 1937
I last saw her alive on June 15, 1937 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:

Coronary Sclerosis
(Arteriosclerosis)
Senescent degeneration

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? Arteriosclerosis 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 1

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) S W Wolpin, M. D.(Address) Lebanon Mo

WRITE PLAINLY WITH UNLOADING 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.

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