

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

Do not use this space.

25187

1. PLACE OF DEATH

County Scott Registration District No. 616  
Township..... Primary Registration District No. 4492  
City Chaffee (No. ....) St. .... Ward.....

File No.....  
Registered No. 69

2. FULL NAME Chora Angel

(a) Residence, No. .... St. .... Ward.....  
(Usual place of abode)  
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Joseph W. Angel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 1 14  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) Bollinger Co. Mo.

13. NAME John R. Rowe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.

15. MAIDEN NAME Minerva Hillman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.

17. INFORMANT (ADDRESS) JW Angel Chaffee Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Park Chaffee, Mo. DATE June 30, 1936

19. UNDERTAKER (ADDRESS) Bisplinghoff & Oberst Chaffee Mo.

20. FILED 6/29/36 W. W. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1936

22. I HEREBY CERTIFY, that I attended deceased from 1924 to June 29, 1936  
I last saw her alive on July 18, 1936 Death is said to have occurred on the date stated above, at 11:40 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset ?

Other contributory causes of importance: Arteriosclerosis 7

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? No  
If so, specify.....

(Signed) G. G. Rosamph, M. D.  
Chaffee Mo. (Address)

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.

WRITE PLAINLY, WITH UNIFORMITY, THIS IS TO BE FOLLOVED

