

202 2 3 1927

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

Do not use this space.

27736

1. PLACE OF DEATH,

County Livingston
Towship Millersville
City Millersville (No. _____) (Ward) _____

Registration District No. 5-08
Primary Registration District No. 5674

File No. _____
Registered No. 99

2. FULL NAME Matilda E. Chittum

(a) Residence No. _____ St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 B Chittum

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

March 4, 1857

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|----------------------------------|
| <u>70</u> | <u>6</u> | <u>18</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

W. Va.

10. NAME OF FATHER

John Dumpsell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't Know

12. MAIDEN NAME OF MOTHER

Sallie Amersworth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't Know

14. INFORMANT

(Address)

Mrs. H. W. Hall
Chula Mo

15. FILED

NOV. 19 1927

9-23-27 Rushen Dorney
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-22 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1922 to Sept 22, 1927 that I last saw her alive on Sept 5, 1927, and that death occurred, on the date stated above, at 9-40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Intestinal
Disorders
131 (duration) 7 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

129 (duration) 12 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. Collier, M. D.

Sept 22, 1927 (Address) Chillicothe Mo
*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 DATE OF BURIAL

White Oak Grove North Brown Mo 9 24 1927

20. UNDERTAKER

ADDRESS

F. B. Norman Chillicothe

200

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.

