

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

Do not use this space.

37096

103

File No.

Registered No.

St. Ward)

1. PLACE OF DEATH

County Harold Registration District No. 384

Township West Plains Mo Primary Registration District No. 4227

City West Plains Mo (No.) St. Ward)

2. FULL NAME

Tobias Abraham Chestnut

(a) Residence. No. St. Ward. (If nonresident, give city or town and State)

(Usual place of abode)

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

Ma

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Nov 13 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

79

11

27

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Rockcastle Co. Ky

(STATE OR COUNTRY)

10. NAME OF FATHER

A. Chestnut

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ky

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Sallie A. Renfro

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ky

(STATE OR COUNTRY)

14. INFORMANT

Mrs. Mettaborger
West Plains Mo

(Address)

15. FILED

11-20-29 O. P. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

11/10-1929

17.

I HEREBY CERTIFY, That I attended deceased from

11-6-1929, to 11-10-1929

that I last saw him alive on 11-7-1929, and that death occurred, on the date stated above, at 12:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

E. Claude Bohrer M. D.

(Address)

West Plains, 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

Union Hill

11/11-1929

20. UNDERTAKER

ADDRESS

McFarland's West Plains Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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.

