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

Do not use this space.

30469

File No. .....

Registered No. 21

1. PLACE OF DEATH

County Barry

Township Purdy

City Purdy (No. ....., ... St. ..... Ward)

Registration District No. 31

Primary Registration District No. 4022

2. FULL NAME Eldora Chenoweth.

(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. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1856

7. AGE: Years 75 | Months 8 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (at Home)

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) Ind.

FATHER

13. NAME Jothan Simmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Stewart.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Indiana Chenoweth
(ADDRESS) Purdy, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Purdy DATE 9- 19..

19. UNDERTAKER J. P. Blankenship.
(ADDRESS) Purdy, Mo.

20. FILED Oct. 9, 1931 Mattie Blankenship
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Sep. 18th, 1931, to Sep. 21st, 1931.
I last saw h.. alive on Sep. 21, 1931. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Nose	
52	
52	

Other contributory causes of importance

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? .....
If so, specify .....

(Signed) B. B. Kelly, M. D.
(Address) Purdy Mo.

OCT 22 1931

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