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

Do not use this space.

22086

File No.

Registered No. 114

1. PLACE OF DEATH

12 County Butler — Registration District No. 89

2 Township ~~Poplar Bluff~~ — Primary Registration District No. 2007

7 City Poplar Bluff, (No. Brandon Hospital, St. Ward)

2. FULL NAME Dora Chitwood

(a) Residence, No. 315 North C. Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 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*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 24, 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
61	5	4	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 295

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): Reynolds County mo. 1

FATHER

13. NAME: Alex Sloan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 2

MOTHER

15. MAIDEN NAME: Margaret Leigh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): W. W. Chitwood, 315 North C. Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodlawn DATE July 29 1932

19. UNDERTAKER (ADDRESS): Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6 1932, to July 1932

I last saw her alive on July 28, 1932. Death is said to have occurred on the date stated above, at 4:30 A m.

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

	Date of onset
Peritonitis (diffuse)	7/25/32
①	
Other contributory causes of importance: Intestinal obstruction not malignant	7/1/32

Name of operation Ileostomy Date of 7/23/32

What test confirmed diagnosis? Was there an autopsy? no

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) J. L. Kimbert, M. D.

(Address) Poplar Bluff, Mo.

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.

AUG 22 1932