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

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

Do not use this space.

1. PLACE OF DEATH

12 County Butler — Registration District No. 89 — File No. 22095

2 Township ~~Poplar Bluff,~~ — Primary Registration District No. 3007 — Registered No. 127

7 City Poplar Bluff, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Carrie M. Choisser

(a) Residence, No. Route 1 Poplar Bluff, Mo. (Usual place of abode) ..... Ward. ..... (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	8	23	

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. 235

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) White County Illinois 2

FATHER

13. NAME Robert E. McGee

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

MOTHER

15. MAIDEN NAME Martha Ubanks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roland Illinois

17. INFORMANT (ADDRESS) Jewell M. Thompson (dtr) 4145 W. Pine St. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City DATE July 30, 1932

19. UNDERTAKER (ADDRESS) Greer Undertaking Company Poplar Bluff, Missouri

20. FILED July 28, 1932 B J Clux Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1932, to July 26, 1932

I last saw her alive on July 23, 1932 Death is said to have occurred on the date stated above, at 10 P m.

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

	Date of onset
Diabetes mellitus	1923
59	
59	
1	
Other contributory causes of importance:	
Acute nephritis	7-12-32

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) M. Hanschman, M. D.

(Address) Poplar Bluff Mo