

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.

DEC 12 1934  
Registration District No. 906

Primary Registration District No. 6218

Registrar's No.

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Rural Bush Creek  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Thos. C. Choat

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

|   |  |  |
|---|--|--|
| 4. Sex <u>Male</u>  | 5. Color or race <u>W</u>                              | 6. (a) Single, widowed, married, divorced <u>Married</u> |
| 6. (b) Name of husband or wife <u>B. Wynn Choat</u>                   | 6. (c) Age of husband or wife if alive <u>66</u> years |  |
| 7. Birth date of deceased <u>July 18 1880</u><br>(Month) (Day) (Year) |  |  |

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>53</u> | <u>7</u> | <u>1</u> | hr. _____ min. _____ |

9. Birthplace Wright Co  
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business \_\_\_\_\_

12. Name T. C. Choat

13. Birthplace Nashville Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Leatha Garner

15. Birthplace Wright Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruth M Lilly

(b) Address Hartsville, Mo.

17. (a) Burial (b) Date thereof Jan 27 1934  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) Jan 13-39 (b) E. C. Clayton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Hartsville Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. No-2  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 1934  
year \_\_\_\_\_ hour 10:00 am/pm \_\_\_\_\_

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to Jan 10 1934 \_\_\_\_\_  
that I last saw him alive on Jan 10 1934 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis  
Heart  
Kidneys

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. M. Murrell (M. D. or other) \_\_\_\_\_  
Address Hartsville Mo Date signed 1/27/34

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**