

MAR 25 1930

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

Do not use this space.

4269

1. PLACE OF DEATH

County Callaway Registration District No. 111
Township Cote Sans Dessin Primary Registration District No. 5761
City (No.) St. Ward

File No. 1
Registered No. 62
St. Ward

2. FULL NAME Mrs. Sarah Ann Chiles

(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
R. F. Chiles

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

B. F. Chiles6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 29 - 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 11 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Callaway Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Crow

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Nelson Co Ky.

12. MAIDEN NAME OF MOTHER Sarah Humphrey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Nelson Co Ky.

14. INFORMANT Educa Wash
(Address) Tebbets Mo.

15. FILED 2/27 1930 W. K. Ford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1930 to Feb 26 1930, that I last saw him alive on Feb 23 1930, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio nephritis(duration) yrs. 3 mos. ds.CONTRIBUTORY arteriosclerosis
(SECONDARY)(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATHDID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) J. G. Brunel M. D.

(Address) Jefferson City
*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

Rebels New Cemetery 2/27 1930
Tebbets Mo

20. UNDERTAKER ADDRESS

Thymore & Gordon J. C. 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.

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