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

Do not use this space. 4889

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 687
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St. Mary's Hosp't St. Ward)

2. FULL NAME Frank B. Chase
(a) Residence. No. 7222 Washington 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	wh	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 23, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	63	5	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Wholesale Lace Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Morgantown
(STATE OR COUNTRY) Ind.

PARENTS
10. NAME OF FATHER David H. Chase
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Sarah Swain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ind.

14. INFORMANT Mrs. Nannie B. Chase
(Address) 7222 Washington

15. FILED 2/17, 1927 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1927, to Feb 15, 1927 that I last saw h. alive on Feb 15, 1927, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach 46B
44A (duration) yrs. + mos. ds.
CONTRIBUTORY (SECONDARY) Starvation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. J. McKinna, M.D.
2/17, 1927 (Address) 1002 Medical Arts Bldg

*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 Forest Hill — DATE OF BURIAL Feb. 18 1927

20. UNDERTAKER L. H. Newcomer's Sons — ADDRESS K.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.

...ANDING INK—THIS IS A PERMANENT RECORD

1002 Med. [illegible]
N. P. 9406.

34th Broadway 12- 3- 4: