

AUG 16 1927

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

Do not use this space.

21147

1. PLACE OF DEATH
County: Greene Registration District No. 318
Township: Springfield Primary Registration District No. 2104 Elizabeth
City: Springfield (No. 2104 Elizabeth) St. 528 (Ward)

2. FULL NAME
John A. Choat
(a) Residence. No. 2104 Elizabeth St. 528 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 - 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 10 28

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

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

10. NAME OF FATHER Thos J. H. Choat

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown Bryan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT T. M. Johnson
(Address) Springfield, Mo.

15. FILED 7/1 27 Oct 1927
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

7
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1927
17. I HEREBY CERTIFY, That I attended deceased from June 16, 1927, to July 1, 1927, that I last saw him alive on June 30, 1927, and that death occurred, on the date stated above, at 5: A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23
11A (duration) yrs. mos. ds.
CONTRIBUTORY influenza (SECONDARY) (duration) yrs. mos. ds.

18. WHERE DISEASE CONTRACTED 3
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? T B of Lung A
(Signed) W. F. Kerr, M. D.
July 1, 1927 (Address) SPRINGFIELD, MO.

*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 Brighton Mo. cemetery DATE OF BURIAL July 27

20. UNDERTAKER W. F. Lingner & Co. ADDRESS Springfield, 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.

