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.

SEP 26 1927

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

Do not use this space.

23649

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 10C — Registered No. 807
City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Emma Cornelia Chase
(a) Residence. No. 1102 Felix St. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ernest E. Chase

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr, 18, 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
65	3	24	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palermo, Kansas

PARENTS

10. NAME OF FATHER: Charles Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Ellen Cornelia
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

14. INFORMANT: Ernest E. Chase
(Address) 1102 Felix St.

15. FILED AUG 15 1927 19 John G. Jetz S.S. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug, 12, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1927, to Aug. 12, 1927 that I last saw her alive on Aug 12, 1927, and that death occurred, on the date stated above, at 9.20 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
44A (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Obstruction of Pylorus
Bronchopneumonia (duration) yrs. mos. 3 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? Physical Exam.
(Signed) F. G. Thompson M.D.
8/14/, 1927 (Address) 825 Charles St. St Joseph 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: Mt. Mora Cemetery
DATE OF BURIAL: Aug, 15, 1927

20. UNDERTAKER: Walter Meierhoffer
ADDRESS: 1302 Faraon St.