

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

Do not use this space.

9936

1. PLACE OF DEATH

County Newton
Township Buffalo
City Seeds (No. RD #1)

Registration District No. 611
Primary Registration District No. 5813

File No.
Registered No.

2. FULL NAME

(a) Residence. No. Jimmie Lee Chester St. Seeds Mo. R. 1 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 - 27

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
11 1 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Jim Chester

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

12. MAIDEN NAME OF MOTHER Goldie Turner

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

14. INFORMANT Jim Chester
(Address) Seeds

15. FILED 3/16, 1928. C. E. Horns REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/25 1928

17. I HEREBY CERTIFY, That I attended deceased from 15 1928, to 3-25 1928 that I last saw him alive on 3-25 1928, and that death occurred, on the date stated above, at 2:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? 1

(Signed) J. C. Brown, M. D.
, 19 (Address) Seeds 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 Baptist Cemetery DATE OF BURIAL 3/26 1928

20. UNDERTAKER Norman & Mitchell ADDRESS Seeds

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.

RECORD

1928

