JUN 4 1928

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

14512

File No. 212

Registered No. 17

1. PLACE OF DEATH

County: Ripley

Township: Vernon

City: ..... (No. ..... St. ..... Ward)

Registration District No. 757

Primary Registration District No. 5980

2. FULL NAME: William Jones Chinn

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF): widowed Margaret E. Chinn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 29 1839

7. AGE: Years 89 | Months 2 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

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

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Unknown

(STATE OR COUNTRY): Spencer Co. Ind.

PARENTS

10. NAME OF FATHER: Perry Chinn

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown

(STATE OR COUNTRY): Unknown N. C.

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown

(STATE OR COUNTRY): unknown

14. INFORMANT: Edith L. Chinn

(Address): Naylor Mo RI

15. FILED 4/10 1928 Hewlett

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 9 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-4-1928, to 4-9-1928, that I last saw him alive on 4-7-1928, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular affection of Heart

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. D. Bennett, M. D.

5-4-1928 (Address) Naylor 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: Antioch Cem.

DATE OF BURIAL: 4-11-1928

20. UNDERTAKER: M. Pish.

ADDRESS: Naylor, Mo