

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

Do not use this space.  
**17962**

1. PLACE OF DEATH *Oregon*  
 County *Malheur* Registration District No. *632*  
 Township *Malheur* Primary Registration District No. *4382*  
 City *Prineville* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *William Albert Chastain*  
 (a) Residence No. *at Large* St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred *Life* 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) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Electa Sarnell*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *1881.09.7*

7. AGE YEARS *46* MONTHS *5* DAYS *7* IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work *Laborer*  
 (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 *Frank Chastain*

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

12. MAIDEN NAME OF MOTHER *Caledonia Moore*

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

14. INFORMANT *G. A. Chastain*  
 (Address) *St Louis Mo*

15. FILED *5/14 1928* *W. C. Moore*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5/12 - 7<sup>15</sup> pm* 19*28*

17. I HEREBY CERTIFY That I attended deceased from *May 10* 19*28*, to *May 12* 19*28*, that I last saw him alive on *May 12* 19*28*, and that death occurred, on the date stated above, at *7:14* p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Depressed right margin occipital bone. Cause of fracture unknown*  
*194-B*

CONTRIBUTORY (SECONDARY) *201 W*  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED *Three miles south Hardy, Ark*  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) *Dr. J. C. Culp & J. A. Burns M. D.*  
 , 19 (Address) *Prineville 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 *Prineville Cem.* DATE OF BURIAL *5/14 1928*

20. UNDERTAKER *W. C. Moore* ADDRESS *City*

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.

