UG 21 1928

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

Do not use this space.

23042

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 2410 Faraon Street, St. Ward)

File No.
Registered No. 846

2. FULL NAME Milo L. Chute,
(a) Residence. No. 2410 Faraon St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 38 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 Amy Chute

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19, 1872

7. AGE: Years 56 | Months 3 | Days 20 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Maysville,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Elias Chute,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Nova Scotia,
12. MAIDEN NAME OF MOTHER Sarah A. Hamer,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Indiana,

14. INFORMANT Mrs Amy Chute
(Address) 2410 Faraon Street,

15. FILED JUL 10 1928 19 John G. Wh Registrar

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to July 9 1928, that I last saw him alive on 7/9 1928, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Auto Accident
43 A
112 B
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Asthma (Bronchial)
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? None -
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) B. B. Simmons, M. D.
July 9, 1928 (Address) 510 E. Belden 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: Mount Mora Cemetery
DATE OF BURIAL: July 11 1928

20. UNDERTAKER: Heaton & Gaeb Bowman
ADDRESS: 319 S. 10 St.
by J. A. Kade — Funeral Home

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.

Dr. Simmons
Carby Bldg.