AUG 23 1928

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

Do not use this space.

Dr William

23550

1. PLACE OF DEATH
County: Greene
Township: Springfield Mo
City: (No. ... St. ... Ward)
Registration District No. 1318
Primary Registration District No. 2001
File No.
Registered No. 527

2. FULL NAME: William N Chase
(a) Residence. No. 620 So Florence Ward.
(Usual place of abode)
(If nonresident give city or town and State)
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): Unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 11-1875

7. AGE: 52 YEARS | MONTHS: 11 | DAYS: 6 | If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: Henry R Chase
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Alice Chase
(Address) Springfield Mo

15. FILED 7-18, 1928 O C Horst Mgr
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 17 1928

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to July 17, 1928, that I last saw him alive on July 17, 1928, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

906

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?
(Signed) Robert F Williams, M.D
7/17, 1928 (Address) Springfield 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: Rose Hill Chicago
DATE OF BURIAL: July 20 1928

20. UNDERTAKER: M Schmeyer
ADDRESS: SPRINGFIELD, MO.

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.

...NEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD