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.

321 1929

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

Do not use this space.

321

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 81

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Donald Chanla

(a) Residence. No. 2125 So. 3rd 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Mexican	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3, 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	0	10	15	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Encarsion Chanla

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mexico

12. MAIDEN NAME OF MOTHER Ramona Roso

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mexico

14. INFORMANT Encarsion Chanla
(Address) 2125 So. 3rd

15. FILED JAN 19 1929, 19 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 18, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Jan 17, 1929, that I last saw him alive on Jan 17, 1929, and that death occurred, on the date stated above, at 1 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

(duration) yrs. mos. ? ds.

CONTRIBUTORY (SECONDARY) Whooping Cough

(duration) yrs. mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 2125 So 3
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Frank Harlison, M. D
Jan. 18, 1929 (Address) Fairpointers Bldg

*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	DATE OF BURIAL
Mt. Olivet Cemetery	Jan. 19 1929
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union St.