APR 29 1930

8

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

Do not use this space.

File No. 7662

Registered No. 6

1. PLACE OF DEATH

County: Benton — Registration District No. 59

Township: Cole — Primary Registration District No. 5099

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

2. FULL NAME Stephesen Chehaski

(a) Residence. No. ..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 12, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	3	10	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Farmer — 92A
(b) General nature of industry, business, or establishment in which employed (or employer): 97
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Poland

PARENTS

10. NAME OF FATHER George Chehaski

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Elmer Gardner
(Address) Spring Fork Mo

15. FILED 4-1-30 19 Harry Bay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-22-30 19

17. I HEREBY CERTIFY, That I attended deceased from Feb-18, 1930, to Mch 22, 1930 that I last saw h~~e~~ alive on Mch 8, 1930 and that death occurred, on the date stated above, at 6.15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Lesion
..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
..... (duration) 5 yrs. ..... mos. ..... ds.

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? Clinical

(Signed) Harry Bay, M. D.

3-23, 1930 (Address) Cole Camp 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: Union Cemetery — DATE OF BURIAL: 3-23-1930

20. UNDERTAKER: E L Eickhoff — ADDRESS: Cole Camp

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.