

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

Do not use this space.

23643

**1. PLACE OF DEATH**

County Morgan  
Township How Green  
City Elmsted Mo (No. 1)

Registration District No. 953  
Primary Registration District No. 579313

File No. 8  
Registered No. 8  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Albert Chism

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr 18<sup>th</sup> 1930</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>15</u>
		DAYS
		<u>15</u>
		If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan to Mo

10. NAME OF FATHER Geo Chism

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

12. MAIDEN NAME OF MOTHER Odeal Robertson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

14. INFORMANT Odeal Robertson  
(Address) Elmsted Mo

15. FILED 7-9-30 Julius Cooper REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3<sup>rd</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from June 20<sup>th</sup>, 1930, to July 3<sup>rd</sup>, 1930 that I last saw him alive on July 2<sup>nd</sup>, 1930, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Sholho-Infantum

11913  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1130  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Dr. Wall, M. D.

19 (Address) Wesley 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 DATE OF BURIAL  
Sunny Newman Cemetery July 4<sup>th</sup> 1930

20. UNDERTAKER ADDRESS  
Wesley Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARENTS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

ALL CHANGES should state important. 8/8/1930

