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

Do not use this space.

25654

1. PLACE OF DEATH

County: Texas
Township: Burdine
City: ~~Cabool~~ (No. ..... St. ..... Ward)

Registration District No. 862
Primary Registration District No. 6135

File No. .....
Registered No. 18

2. FULL NAME Lynn B Chase

(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.

AUG 26 1930

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 Lillie Chase Miami Fla.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 1879

7. AGE: Years 51 | Months 2 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Real Estate Broker
(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) NY.

PARENTS
10. NAME OF FATHER: unknown
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: W. O. Richards
(Address) New Town Ohio

15. FILED July 13, 1930 A. N. Doyle, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-11- 1930

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1930, to July 11, 1930 that I last saw him alive on July 11, 1930, and that death occurred, on the date stated above, at 12 M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Angina Pectoris
94A
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 89
(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) L. W. Edens, M. D
July 12 1930 (Address) Cabool 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: Miami Fla | DATE OF BURIAL: July 14 1930

20. UNDERTAKER: Gaylord Elliott | ADDRESS: Cabool