DEC 2 1930 DEC 22 1930

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

Do not use this space.

36856

1. PLACE OF DEATH

County Monroe — Registration District No. 578 — File No.

Township Clay — Primary Registration District No. 5782 — Registered No.

City (No. St. Ward)

2. FULL NAME Tay Franklin Chinn

(a) Residence. No. 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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3 – 29 – 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
49	7	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Broom Maker
(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): Monroe Co Mo

PARENTS

10. NAME OF FATHER: P. A. Chinn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co Mo
12. MAIDEN NAME OF MOTHER: Sallie Majors
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co Mo

14. INFORMANT (Address): John Chinn, Paris Mo.

15. FILED 11-17, 1930 Logan Enson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1930, to Nov 16, 1930 that I last saw ~~h~~ alive on Nov 16 1930, and that death occurred, on the date stated above, at 8:30 p.m.

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

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

1296

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) J. A. Furnish, M. D
19 (Address) Shelbina 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: Grandville Mo — DATE OF BURIAL: Nov 19 1930

20. UNDERTAKER: Fred A Thompson — ADDRESS: Holliday 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.