MAR 24 1931

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

Do not use this space.

9188

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No.

Township Fishing River — Primary Registration District No. 3011 — Registered No. 20

City Excelsior Springs (No. U. S. Veterans Hospital St. 3rd Ward)

2. FULL NAME Sidney G. Chaffin

(a) Residence, No. U.S.V.H. Excelsior Springs Mo. Ward. Pierce City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 5/12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1875

7. AGE: 55 YEARS — MONTHS: 2 — DAYS: 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana 2

FATHER

13. NAME John G. Chaffin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Mary Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Hospital records U. S. Vet Hosp. Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pierce City, Mo. DATE March 2, 1931

19. UNDERTAKER (ADDRESS) Herbert Hopper Excelsior Springs Mo

20. FILED 5/2 1931 J. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1931 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1931 to March 1 1931, 19

I last saw him alive on March 1, 1931. Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral embolism, hemiplegia right, secondary to hypertrophy heart with decompensation

Date of onset

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? x (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury x

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Garrett V. Johnson, M. D.

(Address) Garrett V. Johnson U.S. Veterans Hospital Excelsior Springs, 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.

[illegible] INK—THIS IS A PERMANENT RECORD