

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

Do not use this space.

9852

1. PLACE OF DEATH

County Jackson
Township Claw
City Kansas City mo (No. 2326 Express)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1117
St. _____ Ward _____

2. FULL NAME

Mr Edwin - Silas - Chase

(a) Residence. No. 2326 Express 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 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 Rose Chase

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-10-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 11 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Munda - New York

10. NAME OF FATHER Geel C. Chase

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Palais - main

12. MAIDEN NAME OF MOTHER Miranda Hatch

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

14. INFORMANT Mrs Rose Chase (Address) 2326 Express

15. FILED 3/8 31 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-7 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931 to Mar 7, 1931 that I last saw him alive on Mar 7, 1931, and that death occurred, on the date stated above, at 8-55- A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocarditis - Chronic
1931
1931 (duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tubercular Nephritis - Chronic
Hypertension (duration) 7 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) W. E. ... M. D.

3-7-1931 (Address) 4800 E 24th St

*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 Beattie Kansas DATE OF BURIAL Mar. 9 1931

20. UNDERTAKER A. P. Doshler ADDRESS 1415 E 15

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.

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