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

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.

JUN 24 1931

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

Do not use this space.

17207

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 553

City St. Joseph, (No. 6627 King Hill Ave. St. Ward)

2. FULL NAME Don Francis Chism

(a) Residence, No. 6627 King Hill Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 4 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 20, 1929

7. AGE — YEARS: 2 — MONTHS: 0 — DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

FATHER

13. NAME Shelby M. Chism
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auxvasse, Mo.

MOTHER

15. MAIDEN NAME Ruth Edith Mason
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT (ADDRESS) Shelby M Chism 6627 King Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE May, 25, 1931

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED MAY 25 1931 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 24, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-1-31, to 5-24-31, 19

I last saw him alive on 5-24-1931. Death is said to have occurred on the date stated above, at 6.00 P.M.

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

Hydro Cephelas — Date of onset: at birth

157a

Other contributory causes of importance: None other

Name of operation none — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John J Tucker, M. D.
(Address) St Joseph Mo