

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.

NOV 29

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

Do not use this space.

1. PLACE OF DEATH 85
 County Buchanan Registration District No. 1001
 Township St. Joseph Primary Registration District No. Missouri Methodist Hosp.
 City St. Joseph (No. 1112) St. 1112 Ward 1112

2. FULL NAME Charles Chevrolet
 (a) Residence, No. 2002 Herman Ave. St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1846		
7. AGE	YEARS 85	MONTHS Unknown	DAYS Unknown	IF LESS than 1 day,hrs. ormin.
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) Unknown, France				
FATHER	13. NAME Unknown			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT <u>Mo. Meth. Hosp. Records</u> (ADDRESS) <u>St. Joseph, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>Nov, 2, 1931</u>				
19. UNDERTAKER <u>Walter Meierhoffer</u> (ADDRESS) <u>1302 Marion St. St. Joseph, Mo.</u>				
20. FILED <u>NOV 2 1931</u> <u>John R. Bender</u> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 16, 1931 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931, to Oct 16, 1931
 I last saw him alive on Oct 16, 1931. Death is said to have occurred on the date stated above, at 9.30 P.M.
 The principal cause of death and related causes of importance were as follows:
myocard chronic
930
930
 Other contributory causes of importance:
arterio sclerosis General

Name of operation Date of
 What test confirmed diagnosis? Uremia 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? no
 If so, specify
 (Signed) , M. D.
 (Address) Kirkpatrick Bldg. St. Joseph, Mo.

