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.

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

Do not use this space.

34414

1. PLACE OF DEATH
County Jackson
Township Kan
City K. C. Mo. (No. 2639 Charlotte St. Ward)
Registration District No. 399
Primary Registration District No. 3062
File No.
Registered No. 4128

2. FULL NAME Sidney Chatty
(a) Residence, No. 2639 Charlotte St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 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) unknown
7. AGE YEARS About 62 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Station
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) England

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 Mr. Rooney
(ADDRESS) c/o Scottish Rite K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 10-12-1931
19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 918 Brooklyn, Ave.
20. FILED 10/11 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-10-1931

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1931, to 10/10, 1931
I last saw him alive on 10/9, 1931. Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
59	
97	
59	

Other contributory causes of importance:
Arteriosclerosis

Name of operation — Date of —
What test confirmed diagnosis? Blood & urine 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) John B. Devine, M. D.
(Address) 336 Lathrop Bldg. KC Mo.

3rd floor East -