

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

Do not use this space.

92

1. PLACE OF DEATH

1 County Bates Registration District No. 47 File No. _____
 Township Grand River Primary Registration District No. 5689 Registered No. 2
 City Near Adrian (No. _____) St. _____ Ward _____

2. FULL NAME

James Carpenter Chitty
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 22 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Bell Chitty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) 2 years
 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carpentersville, Mo., Missouri

13. NAME Samuel Chitty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Auburn 31
also

15. MAIDEN NAME Wissian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Auburn
Wissian

17. INFORMANT (ADDRESS) James C. Chitty
Adrian, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Adrian, Mo DATE Jan 4 1932

19. UNDERTAKER (ADDRESS) Creath & Selt
Adrian, Mo

20. FILED 14- 1932 W. H. W. Tuttle
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1932
 22. I HEREBY CERTIFY That I attended deceased from Dec. 24 1929, to Dec. 28 1931
 I last saw him alive on Dec. 28 1931. Death is said

to have occurred on the date stated above, at 1:25 P.M.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar Date of onset Dec. 25 1931
817
108

Other contributory causes of importance:
Spastic Spinal Paralysis (ascending type) years 9

Name of operation _____ 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 2 1932
 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 ①

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) E. E. Robinson, M. D.
 (Address) Adrian 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.

FEB 23 1932

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

