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

Do not use this space.
7570

1. PLACE OF DEATH
14 County Callaway Registration District No. 102
Township Liberty Primary Registration District No. 0163
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 298

2. FULL NAME Fleet Wood Chism

(a) Residence, No. ..... 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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29 - 1871.

7. AGE: YEARS 60 MONTHS 6 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 29
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) Long Branch Mo. 1

FATHER
13. NAME Levi Fleet Chism 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 31

17. INFORMANT (ADDRESS) J. F. Chism Auxvasse, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Grove DATE ..... 19..

19. UNDERTAKER (ADDRESS) Hughes Mackin Auxvasse Mo.

20. FILED 3/26 1932 H. G. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1932, to Mar 22, 1932
I last saw him alive on Mar 22, 1932 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
108	

108

Other contributory causes of importance:

(1)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) R. S. Simcoe, M. D.
(Address) Fulton 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.

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