

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.

APR 25 1932

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

Do not use this space.

7716

1. PLACE OF DEATH
 20 County Cedar Registration District No. 163
 21 Township _____ Primary Registration District No. 4095
 2 City El Dorado Spgs (No. _____, St. _____ Ward _____)
 2. FULL NAME Harry Leon Chastain
 (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) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) El Dorado Spgs (STATE OR COUNTRY) Mo

FATHER
 13. NAME Lloyd Chastain
 14. BIRTHPLACE (CITY OR TOWN) Okla. (STATE OR COUNTRY) 2

MOTHER
 15. MAIDEN NAME Luella Hytton
 16. BIRTHPLACE (CITY OR TOWN) Okla. (STATE OR COUNTRY) _____

17. INFORMANT Lloyd Chastain (ADDRESS) El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clintonville DATE Mar 12 1932

19. UNDERTAKER Mrs. Carolyn Kafus (ADDRESS) El Dorado Spgs Mo

20. FILED 3-12- 1932 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932 to March 11, 1932
 I last saw him alive on March 11, 1932 Death is said to have occurred on the date stated above, at 7:52 a.m.
 The principal cause of death and related causes of importance were as follows:
atelectasis
 Other contributory causes of importance 10/11/12
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis: Opium 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) J. W. Dawson, M. D.
 (Address) El Dorado Springs

