

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4th & Oak)

Registration District No. 399
Primary Registration District No. 100

File No. 8772
Registered No. 1361
St. _____ Ward _____

2. FULL NAME Fred Chateau

(a) Residence, No. unknown 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 Cool 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1-1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>25</u>	<u>9</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ²³⁷

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Comm. Labor ¹⁷³

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) Council Grove Kans.

FATHER 13. NAME Wm Chateau

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown ³¹

MOTHER 15. MAIDEN NAME Werna Weaver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth 2 Kans.

17. INFORMANT (ADDRESS) Dyna Cuyler - mother
Forrest Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE April 2 19. 32

19. UNDERTAKER (ADDRESS) Adkins Bros
3000 E 12th St

20. FILED 4/1 1932 M. M. Orsow
Asch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-32

22. I HEREBY CERTIFY, That I attended deceased from _____ 1932 to _____ 1932
I last saw h. _____ alive on _____, 1932 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Infarction
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Other contributory causes of importance: _____

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 _____, 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 _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. M. Orsow, M. D.
(Address) Asch Registrar.

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.

