

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

Do not use this space.

12589

**1. PLACE OF DEATH**

County Jackson Registration District No. 389  
 Township Kearney Primary Registration District No. 1002  
 City Kansas City (No. 1305 Vine St.)

File No. \_\_\_\_\_  
 Registered No. 1524  
 St. 2nd Ward

**2. FULL NAME**

Charlie Chung  
 (a) Residence, No. 1305 Vine St. St. 2nd Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. / How long in U. S., if of foreign birth? 30 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Chinese</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Chung</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 9. 1859</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>5</u>	DAYS <u>29</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dish washer</u>	11. Total time (years) spent in this occupation <u>4 yrs.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Restaurant</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1932</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) China

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) China

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) China

17. INFORMANT (ADDRESS) Lee Chung

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE Apr. 12 1932

19. UNDERTAKER (ADDRESS) Carroll Davidson and Co

20. FILED 7-11-32 19 32nd St. M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6th 1932, to Apr. 8th 1932  
 I last saw him alive on Apr. 8th 1932 Death is said to have occurred on the date stated above, at 1 P.M.

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

Pulmonary Tuberculosis  
23A  
 Other contributory causes of importance: 23  
Smility 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) [Signature]  
 (Address) 327 Myrtle St.

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.

