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.

JAN 21 1933

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

Do not use this space.

38238

1. PLACE OF DEATH

County Andrew — Registration District No. 15 — File No.

Township Platte — Primary Registration District No. 5019 — Registered No. 12

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Loren Henry Chivington

(a) Residence, No. ..... St., ... Ward. Rea. Mo.
(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): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1932

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 3 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) (STATE OR COUNTRY) Rea, Mo. 1

FATHER

13. NAME LEROY H. CHIVINGTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) REA, MO.

MOTHER

15. MAIDEN NAME GOLDIE MAYE THOMAS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TROY KAN. 2

17. INFORMANT (ADDRESS) Leroy H. Chivington REA? MO.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE WALNUT GROVE. DATE DEC. 19/1932

19. UNDERTAKER (ADDRESS) H.D. WILSON KING CITY. MO.

20. FILED DEC 22 1932 E C Jeffries Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 18, /32, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/18, 1932, to 12/18, 1932

I last saw him alive on 12/18, 1932 Death is said to have occurred on the date stated above, at 4: A.M.

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

premature birth

Date of onset

15 1/59

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 ....., 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) L E Blacklock, M. D.

(Address) KING CITY, MO.