

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

Do not use this space.

J. L. ...
File No. **39264**
Registered No. **884** Ward

1. PLACE OF DEATH
39 County *Greene* Registration District No. *318*
3 Township *Maple* Registration District No. *2001*
5 City *Springfield* (No. *455 E Harmon St.*)

2. FULL NAME *John G. Chatter*
(a) Residence, No. *455 E Harmon* St., *Harmon* 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.

JAN 23 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mrs. J. P. ...</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 19 - 1859</i>		
7. AGE YEARS <i>73</i>	MONTHS <i>9</i>	DAYS <i>27</i>
8. Trade, profession, or particular kind of work done, as teacher, sawyer, bookkeeper, etc. <i>Bookkeeper</i>		
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) <i>Ill. Chatter</i>		
13. NAME <i>John G. Chatter</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Springfield Mo</i>		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <i>Mrs. Chatter</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Maple Park</i> DATE <i>10/18</i> 19 <i>32</i>		
19. UNDERTAKER <i>James ...</i>		
20. FILED <i>1-2-17-1932</i> <i>Ralph ...</i> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 16* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *July* 19*32*, to *12/16* 19*32*
I last saw him alive on *Dec. 16* 19*32* Death is said to have occurred on the date stated above, at *10:20 a.m.*
The principal cause of death and related causes of importance were as follows:
Apoplexy (Cerebral haemorrhage) 12/16/32
Chronic nephritis 1930
151
92A
Other contributory causes of importance: *Senility*

Name of operation *151* Date of *10*
What test confirmed diagnosis? *151* 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. B. ...* M. D.
(Address) *SPRINGFIELD, MO.*

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.

