

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 189  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 7034 Chestnut) File No. 39918  
Registered No. 4926 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William D Chewning Jr.

(a) Residence, No. 7034 Chestnut St. 16 Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14, 1932  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
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) Kansas City MO.

13. NAME William D Chewning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

15. MAIDEN NAME Mildred Troupe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT (ADDRESS) W. D. Chewning 7034 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Dec 23, 1932

19. UNDERTAKER Quirk & Tobin Co (ADDRESS) Linwood & Main

20. FILED 1/23 1933 3rd M. M. Kerove Registrar. 12-23-32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1932, 19

22. I HEREBY CERTIFY, that I attended deceased from Dec 14th to Dec 21, 1932  
I last saw him alive on Dec 22, 1932 Death is said to have occurred on the date stated above, at 4.55 P.M.  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 8 days  
159 / 159  
10 / 15  
Other contributory causes of importance: Premature Birth 7 months

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physician 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) Ernest W. Shuskes M. D.  
(Address) 4250 Sprague Ave

