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. 399 — File No. 5998
Township Kaw — Primary Registration District No. 1003 — Registered No. 958
City Kansas City (No. 821 West 56th St. St. Ward)

2. FULL NAME Walter K. Chorn
(a) Residence, No. 821 West 56th St St., 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Donley Chorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 21, 1885

7. AGE: Years 48 — Months 1 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
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): Missouri

FATHER
13. NAME: J. D. Chorn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Mattie Maupin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): William W. Chorn, 821 West 56th Street

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Fayette, Mo DATE 2/28 1933

19. UNDERTAKER (ADDRESS): Sliver & McClure, 3235 Gillham Place

20. FILED 2/27 1933 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2 26, 1933, to 2 26, 1933
I last saw him alive on 2 26, 1933. Death is said to have occurred on the date stated above, at P. m. 6:30
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
(angina Pectoris)	
Lined 1½ hrs from onset — at 4 pm	

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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Kansas City Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

[illegible]
Apyggle Bldg.

V: 2444

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