

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.

Do not use this space.

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

7172

PLACE OF DEATH

County St. Louis
Township Central
City Webster Grove (No. St. Louis Co. Hosp.)

Registration District No. 490
Primary Registration District No. 0027

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

CHISM, WILLIAM

(a) Residence, No. 927 Belle 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1st 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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) Webster Grove Mo.

13. NAME Forest Chism

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Grove Tenn.

15. MAIDEN NAME Shellie D. Babbie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humboldt Tenn.

17. INFORMANT Shellie D. Chism (ADDRESS) 927 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson's DATE 2/23

19. UNDERTAKER F. J. Bell and Co. (ADDRESS) 2726 Duton Ave.

20. FILED Feb 23, 1933 R. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1933 to Feb 21, 1933

I last saw him alive on Feb 21, 1933 Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Lobar Pneumonia

Date of onset 2/19/33

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What best confirmed diagnosis? Clin. & Lab. 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? _____
If so, specify _____

(Signed) B. B. Korshak, M. D.
(Address) St. Louis Co. Hosp. Clayton, Mo.

MAP

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OK

