

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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH  
37 County Laschade Registration District No. 302  
Township Clay Primary Registration District No. 6231  
City Bland Mo (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME William Chatoon

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 39 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-16-1880

7. AGE YEARS 53 MONTHS 5 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) May 20 ~ 1933 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Gallaway's Prairie  
(STATE OR COUNTRY) Missouri

13. NAME J. R. Chatoon

14. BIRTHPLACE (CITY OR TOWN) Bella  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Haley Chatoon

16. BIRTHPLACE (CITY OR TOWN) Byron  
(STATE OR COUNTRY) Missouri

17. INFORMANT J. R. Chatoon  
(ADDRESS) Bland Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bland Mo DATE July 12, 1933

19. UNDERTAKER Mrs. Minnie Sasser  
(ADDRESS)

20. FILED July 9, 1933 B. A. Bunge  
Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9<sup>th</sup>, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to July 9<sup>th</sup>, 1933  
I last saw him alive on May 30<sup>th</sup>, 1933. Death is said to have occurred on the date stated above, at 120 P. M.  
The principal cause of death and related causes of importance were as follows:  
Suicide  
Verdict of Coroner  
Judge  
Other contributory causes of importance:  
107 X 161

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? Suicide Date of injury July 9<sup>th</sup>, 1933  
Where did injury occur? Bland Missouri Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury self-inflicted  
Nature of injury bullet wound in Right back

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) H. S. Brannon, Acting Surgeon M. D.  
(Address) Bland Mo

