

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.

29472

1. PLACE OF DEATH

County **Howard.**
Township **Moniteau.**
City _____ (No. _____)

Registration District No. **878**
Primary Registration District No. **5581**

File No. _____
Registered No. **65-**
St. _____ Ward _____

2. FULL NAME **Infant- Chester Bias,**

(a) Residence, No. _____ St. _____ 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) #
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF #		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/3/1933		
7. AGE # YEARS	# MONTHS	DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. #		
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		
13. NAME Chester C. Bias,		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
15. MAIDEN NAME Edith Rhodes,		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		

17. INFORMANT (ADDRESS) Joe Bias, Fayette, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary DATE 9/8/33
19. UNDERTAKER (ADDRESS) Guy T. Halley, Fayette, Mo.
20. FILED 9-12 19 33 V. Q. Bonham Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/8/1933
22. I HEREBY CERTIFY, That I attended deceased from 9-8-33 , to 9-8-33 , 19____. I last saw him alive on 9-8-33 . Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: Signature birth 159 158 154 malnutrition Other contributory causes of importance: hunger 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? no If so, specify _____ (Signed) Dr. Bloom , M. D. (Address) Fayette Mo

