

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

Do not use this space.

30660

**1. PLACE OF DEATH**

91 County Rosley Registration District No. 75-A  
Township Washington Primary Registration District No. 0-995  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 24  
Registered No. 464

**2. FULL NAME**

(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)

Arby J. Chaffin

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 19, 1933</u>		
7. AGE	YEARS	MONTHS
	—	8
		21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		
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) <u>St Louis Mo.</u>		
13. NAME <u>Floyd Chaffin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ellsboro Mo.</u>		
15. MAIDEN NAME <u>Mary McFadden</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Loper Mo.</u>		
17. INFORMANT (ADDRESS) <u>St Chappin</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	19
<u>Anna Cecil</u>	<u>9/11</u>	<u>33</u>
19. UNDERTAKER (ADDRESS) <u>Minnie Gish - Naylor Mo.</u>		
20. FILED <u>9/12 1933</u> <u>H. E. White</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933, to Sept 10, 1933  
I last saw him alive on Sept 10, 1933 Death is said to have occurred on the date stated above, at 2 p.m.  
The principal cause of death and related causes of importance were as follows:  
Bronchial pneumonia Date of onset 9/10/33  
136  
107A  
Other contributory causes of importance:  
hypertension 9/6/33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? chest 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? no  
If so, specify \_\_\_\_\_  
(Signed) H. E. White, M. D.  
(Address) Naylor Mo

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.

NOV 10 1933

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