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

Do not use this space.

136782

1. PLACE OF DEATH
County Jackson — Registration District No. 339 — File No. 4695
Township Kew — Primary Registration District No. 4008 — Registered No. 4695
City K. C. Mo. (No. ..... St. ..... Ward)

2. FULL NAME Laura H Chick
(a) Residence, No. 317 S. Van Brunt St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
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 Stephen C. Chick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1858

7. AGE — YEARS 75 — MONTHS 8 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Ohio

FATHER
13. NAME William Yates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Stephen C. Chick 317 So. Van Brunt

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portsmouth Ohio DATE Nov. 30 1933

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn ave.

20. FILED Nov. 30 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 28 - 1933

22. I HEREBY CERTIFY That I attended deceased from ..... 19..., to ..... 19...
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8:05 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchopneumonia 107A

107A

Other contributory causes of importance:

No

Name of operation ..... Date of .....
What test confirmed diagnosis? Culpsy yes 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) [signature]

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.

JAN 8 1934

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V. S. No. 2

MARGIN RESERVED FOR BINDING