

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

Do not use this space.

4804

File No. \_\_\_\_\_  
Registered No. 508  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson  
Township Kansas  
City Kansas City (No. 6236 E 14th)

Registration District No. 399  
Primary Registration District No. 14153

**2. FULL NAME**

Robert Frank Chase

(a) Residence, No. 6236 E 14th 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lela Chase</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-22-1883</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>3</u>
	DAY <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Train Baggage</u>	
	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) <u>Arrow Rock Missouri</u>		
FATHER	13. NAME <u>Walter Chase</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Annie Holingsworth</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs Lela Chase 6236 E 14th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>2-3-34</u>		
19. UNDERTAKER (ADDRESS) <u>Paul Henderson 122 Jackson</u>		
20. FILED <u>Feb 2 1934</u> M. M. Brown Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1934, to Feb 1 1934

I last saw him alive on Feb. 1st 1934 Death is said to have occurred on the date stated above, at 9-8 m.

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

Angina pectoris Date of onset \_\_\_\_\_  
94 A

Other contributory causes of importance  
not known

Name of operation symptoms Date of \_\_\_\_\_  
What test confirmed diagnosis? histology 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) James O. Brown M. D.  
62412-15th St. Kansas City, Mo. (Address)

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MO. 24 1934

