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.

SEP 20 1934

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 29177
Township ~~KAW~~ — Primary Registration District No. 1002 — Registered No. [illegible]
City KANSAS CITY (No. 964-WEST-42ND St. Ward)

2. FULL NAME FRED W CHOUTEAU
(a) Residence, No. 964-WEST-42ND 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: MALE
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: Mrs Allie Barstow Chouteau
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown
7. AGE: 67 YEARS [illegible] MONTHS DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Artist
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): Shawnee Kansas

FATHER
13. NAME: Frederick CHOUTEAU
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): Mrs Allie B Chouteau 964 West 42 St
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Wash DATE: Aug 4, 1934
19. UNDERTAKER (ADDRESS): D W NEWCOMER'S SONS KANSAS CITY, MISSOURI
20. FILED: Aug. 3, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): AUGUST-2, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1934, to Aug 2, 1934
I last saw him alive on Aug 1, 1934. Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis — Date of onset

924
97
191

Other contributory causes of importance:
Arterial Sclerosis
Excessive heat

Name of operation: None — 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) A H Wall, M. D.
(Address) 3236 Windsor Ave

108M-11-24-33

1120 Realto Bldg.
12-2:30