

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

Do not use this space.

JUN 21 1935

**791
1003**

18477
4831

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City St. Louis (No. 3836 Cook Ave.)

File No.
Registered No.
St. Ward

2. FULL NAME

Lenn Chatman
(a) Residence, No. 3836 Cook Ave. St. 11 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary

22. WHEREBY CERTIFY, That I attended deceased from May 24, 1935 to May 29, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

I last saw him alive on May 27, 1935 Death is said to have occurred on the date stated above, at 8:30 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
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

Date of onset

Cerebral Hemorrhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raleigh

Other contributory causes of importance: 82 a

13. NAME Austin Chatman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raleigh

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Vina Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raleigh

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

17. INFORMANT (ADDRESS) Mary Chatman
3836 Cook Ave

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park 6-2-35

Manner of injury Nature of injury

19. UNDERTAKER (ADDRESS) W. D. Wade and Co
4202 Jimmy Ave

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

20. FILED - 1 1935 19 J. B. Beck
Registrar

(Signed) W. H. G. Clark M. D.
(Address) 917 1/2 N. Sarah

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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