

SEP 25 1935

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

Do not use this space.

26319

1. PLACE OF DEATH

County JacksonRegistration District No. 398Township IndependencePrimary Registration District No. 3019City IndependenceSt. Lambertum

File No.

Registered No. 259

St. Ward)

2. FULL NAME

(a) Residence, No. 720 Lewis 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 OF RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17-19357. AGE YEARS MONTHS Ds. IF LESS than 1 day or min. 0 0 0 45 hrs.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

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) Independence Missouri13. NAME James B. Chaffin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Smith Arkansas15. MARRIAGE Married16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) James B. Chaffin 720 Lewis18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Funeral Home 8/19/3519. UNDERTAKER (ADDRESS) Young & Carson Independence20. FILED 8-19-35 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 193522. I HEREBY CERTIFY, That I attended deceased from Aug 16 1935 to Aug 17 1935I last saw him alive on Aug 17 1935 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Asphyxia from mucous in chest Date of onsetOther contributory causes of importance: 1606Name of operation Breath Extraction Date of Aug 17-35What test confirmed diagnosis? Physical signs 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) Amey R. Thom, M. D.(Address) 1016 Professional Bldg,

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.

