

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.

MAY 19 1936

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

Do not use this space.

15448

1. PLACE OF DEATH  
County Jackson Registration District No. 399 File No. \_\_\_\_\_  
Township W. Pass Primary Registration District No. 1002 Registered No. 2168  
City Hannover City Mo. Research Hospital St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME George Chrisman  
(a) Residence, No. Liberty Mo. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</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>Nannie E. Chrisman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-16-1877</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>3</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Life Insurance</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>Mo.</u>		
13. NAME <u>Geo. W. Chrisman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>		
15. MAIDEN NAME <u>Nancy W. Harris</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>of Ky.</u>		
17. INFORMANT <u>Howard Chrisman</u> (ADDRESS) <u>Liberty Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Mo.</u> DATE <u>4-27</u> 19 <u>36</u>		
19. UNDERTAKER <u>Desert Myers</u> (ADDRESS) <u>Liberty Mo.</u>		
20. FILED <u>Apr 26 1936</u> <u>W. J. Crowe</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8 1936 to April 26 1936  
I last saw him alive on April 25 1936 Death is said to have occurred on the date stated above, at Research Hospital  
The principal cause of death and related causes of importance were as follows:  
Heart failure  
Choleliths  
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Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. H. Matthews M. D.  
(Address) Liberty Mo.

