

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.

JUN 17 1936

19519

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Lead Primary Registration District No. 1002  
City R. C. Mo (No. 4304 Clak)

File No. \_\_\_\_\_  
Registered No. 2476  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Samuel K. Chorn  
(a) Residence, No. 4304 Clak 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>Hasseltine Barnett Chorn</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 18 1851</u>				
7. AGE	YEARS <u>85</u>	MONTHS <u>2</u>	DAYS <u>29</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>Retired</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>Kentucky</u>				
MOTHER FATHER	13. NAME <u>William Chorn</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	15. MAIDEN NAME <u>Catherine Alden</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>Leland Hazard</u> (ADDRESS) <u>1005 Brentwood Circle</u>				
18. PLACE OF CREMATION, OR REMOVAL <u>Elmwood Crematory</u> PLACE <u>Kansas City, Mo</u> DATE <u>May 19 1936</u>				
19. UNDERTAKER <u>Stine + McChure</u> (ADDRESS) <u>3235 Latham Place</u>				
20. FILED <u>May 18 1936</u> <u>M. M. Grom</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 to May 17, 1936  
I last saw him alive on May 16, 1936. Death is said to have occurred on the date stated above, at 2:21 p.m.  
The principal cause of death and related causes of importance were as follows:  
Uremia  
131  
Other contributory causes of importance  
Chronic Nephritis  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) M. O. Nelson, M. D.  
(Address) Profess. Bldg.

