

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

Do not use this space.

29625

AUG 31 1936

1. PLACE OF DEATH

County Vernon
Township Center
City..... (No.....)

Registration District No. 875
Primary Registration District No. 6160

File No.....
Registered No. 191 St. Ward)

2. FULL NAME

Stephen C. Chase

(a) Residence, No..... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

22. I HEREBY CERTIFY That I attended deceased from May, 1936, to July 3, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1861

I last saw him alive on July 3, 1936 Death is said to have occurred on the date stated above, at 11:45 PA - M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 23

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

Chr. interstitial nephritis
13!

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

Other contributory causes of importance:
General arteriosclerosis
Myocarditis
Stenoma

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

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No.

MOTHER FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER FATHER 15. MAIDEN NAME Emmaline Darling

MOTHER FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Elizabeth Chase
(ADDRESS) Nevada Mo. R.B.C.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Burial Co. DATE Jul. 6, 1936

19. UNDERTAKER Allen V. ...
(ADDRESS) Nevada Mo.

20. FILED 7-13- 1936 M. Bushinger
Registrar.

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) CR King, M. D.
(Address) Nevada, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

