

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

Do not use this space.

31544

SEP 25 1936

**1. PLACE OF DEATH**

County Linn  
Township Lincoln  
City                      No.                     

Registration District No. 469  
Primary Registration District No. 5-630

File No.                       
Registered No. 28  
St.                      Ward                     

**2. FULL NAME**

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode) Waller, Mo.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-22-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	59	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
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) Virginia

FATHER 13. NAME W. H. Chabtree

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME India Call

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Minnie Chabtree 2711 Vannon B. St. S. E.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plain View DATE                      19

19. UNDERTAKER (ADDRESS) Monnie Leiman Miller, Mo.

20. FILED 9-1 1936 W. S. Berry Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-31-1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to Aug 21, 1936  
I last saw him alive on Aug 21, 1936 Death is said to have occurred on the date stated above, at 8:25 a.m.  
The principal cause of death and related causes of importance were as follows:

Stomach cancer of about three years standing  
Date of onset                     

Other contributory causes of importance:                     

Name of operation                      Date of                       
What test confirmed diagnosis? Symptoms 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) L. S. Holmes, M. D.  
(Address) Waller, Mo.

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.

WHITE-CROWNED WITH CURVED TUBERCLES IS A PERMANENT RECORD

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