

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.

Fitch

FEB 17 1937

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

Do not use this space.

971

1. PLACE OF DEATH
391 County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. St. Johns Hospital 1) Registered No. 0056
St. _____ Ward _____

2. FULL NAME Charlie J. Cheffey
(a) Residence, No. R. N. 11 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 35 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF Margaret Cheffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<input checked="" type="checkbox"/>	<u>44</u>	<u>10</u>	<u>3</u>	

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

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) Dallis Co Mo

FATHER

13. NAME Joseph Cheffey 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Tennis Smith 31

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

17. INFORMANT Ernest Cheffey
(ADDRESS) 2207 N Taylor

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cem DATE Jan 26 1937

19. UNDERTAKER T. E. Whisenand
(ADDRESS) Springfield Mo

20. FILED Jan 25 1937 Chas B George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/17 1937 to 1/21 1937
I last saw him alive on 1/21 1937 Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset 1/16/37

Other contributory causes of importance: 108

Name of operation None Date of _____
What test confirmed diagnosis? None 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) W. May Fitch, M. D.
(Address) Springfield Mo

