

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Walnut Grove
City Cherry Grove (No. _____)

Registration District No. 925
Primary Registration District No. 5450

File No. 5974
Registered No. VIII
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 20 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June - 9 - 1912</u>		
7. AGE	YEARS	MONTHS
	<u>24</u>	<u>8</u>
		DAYS
		<u>17</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>Farmer.</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.
MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co. Missouri</u>	
	13. NAME <u>Samuel W. Chrisman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co. Mo</u>	
	15. MAIDEN NAME <u>Julia Peck</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co. Mo</u>		
17. INFORMANT <u>A. W. Chrisman</u> (ADDRESS) <u>Cherry Grove</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood, N. M.</u> DATE <u>2/28</u> 19 <u>37</u>		
19. UNDERTAKER <u>Prin Eugene Home</u> (ADDRESS) <u>Walnut Grove, Mo.</u>		
20. FILED <u>2/27</u> 19 <u>37</u> <u>E. B. M. O'Neil</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 26 1937

22. I HEREBY CERTIFY, That I attended deceased from hair saw him 3 or 4 times in last
I last saw him alive on 6 months, 1937 Death is said to have occurred on the date stated above, at 11:25 a. m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Oedema
producing
strangulation of
trachea

Date of onset _____

Other contributory causes of importance:
Parkinsons disease
for several years.

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) Charles H. McHaffie, M. D.
(Address) Ash Grove Mo

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.

