

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

Do not use this space.

**JUL 31 1937**

**1. PLACE OF DEATH**

County Randolph  
Township \_\_\_\_\_  
City Hunterville (No. \_\_\_\_\_)

Registration District No. 733  
Primary Registration District No. 4438

File No. 84667  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Robert Edward Chesteen

(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**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13, 1920  
7. AGE YEARS 17 MONTHS 4 DAYS 9  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Randolph Co

13. NAME Dye Chesteen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co

15. MAIDEN NAME Etta Carver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co

17. INFORMANT William Thomas Chesteen  
(ADDRESS) Wentworth Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity DATE June 3, 1937

19. UNDERTAKER Tom B. Patton  
(ADDRESS) Hunterville Mo

20. FILED July 10, 1937 Mal D. A. Burchart  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1937

22. I HEREBY CERTIFY that I attended deceased from April 17, 1937 to June 2, 1937

I last saw him alive on June 2, 1937 Death is said to have occurred on the date stated above, at 6 a.m.

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

Acute Bronchopneumonia T.B. April (Date of onset) \_\_\_\_\_  
Bronchial pneumonia \_\_\_\_\_ (Date of onset) May 25

Other contributory causes of importance: 23  
Undernourishment

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_ 3

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_  
(Signed) W. O. V. Johnston, M. D.

(Address) Wentworth 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.

