

AUG 24 1937

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

Do not use this space.

27515

1. PLACE OF DEATH

County Jasper
Township Salmon
City Joplin (No.)

Registration District No. 411
Primary Registration District No. 2002
St. Johns Hospital St. Ward

File No. 27515
Registered No.

2. FULL NAME Burt W. Chism

(a) Residence, No. 715 Mc Kinley St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab Eagle Picher
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) Cartersville Mo

13. NAME Samuel W Chism

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

15. MAIDEN NAME Mc Mustang

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

17. INFORMANT (ADDRESS) Family

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Hope. DATE 7-31 1937

19. UNDERTAKER (ADDRESS) Lanpher Mortuary Joplin Mo

20. FILED 7-30 1937 Ed D Jarrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9 1937, to July 29 1937. I last saw him alive on July 29 1937. Death is said to have occurred on the date stated above, at 1:40 P. m.

The principal cause of death and related causes of importance were as follows:
Coronary and hypertensive thrombosis.

Other contributory causes of importance:
Arteriosclerosis & myocardial degeneration.

Name of operation none Date of X
What test confirmed diagnosis? none Was there an autopsy? 1

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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) O. T. Tolache, M. D.
(Address) 715 Fifth St., Joplin, 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.

