

DEC'D MAR 15 1938

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

Do not use this space.

6715

1. PLACE OF DEATH  
 38 County Gentry  
 1 Township  
 0 City Albany (No. 6230)  
 Registration District No. 309  
 Primary Registration District No. H182  
 File No. \_\_\_\_\_  
 Registered No. 7  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Ora Lary Chase  
 (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Myrtle Bender</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1 1880</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>6</u>
	DAYS <u>26</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>restaurateur</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gentry Co Mo</u>		
MOTHER FATHER	13. NAME <u> Rufus Chase</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>	
	15. MAIDEN NAME <u>Elizabeth Wylie</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mo</u>	
17. INFORMANT <u>Mrs. O. L. Chase</u> (ADDRESS) <u>Albany Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grandview</u> DATE <u>Jan 28 1938</u>		
19. UNDERTAKER <u>Chas. F. Taylor Home</u> (ADDRESS) <u>Albany Mo</u>		
20. FILED <u>July 28 1938</u> <u>D. F. Martin</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1937, to Jan. 26, 1938  
 I last saw him alive on Jan 26, 1938. Death is said to have occurred on the date stated above, at 4:20 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Malignant g. serotum Date of onset 1/25/38  
11/2  
 Other contributory causes of importance:  
Phlegmonous Cellulitis 1/20/38  
Pulmonary  
Subacute Influenza 1/5/38

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) C. J. Pray, M.D. 3 D.O.  
 (Address) Albany 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.

