REC'D JUN 14 1938

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

Do not use this space.

17760

1. PLACE OF DEATH
County BUCHANAN
Township WASHINGTON
City ST. JOSEPH (No. ST. JOSEPH'S HOSPITAL St. Ward)
Registration District No. 85
Primary Registration District No. 1001
File No.
Registered No. 536

2. FULL NAME GUY E. CHESNUT
(a) Residence, No. 409 N. 17TH. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 59 yrs. 4 mos. 9 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): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ANNIE LAURIE CHESNUT
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 9TH. 1879
7. AGE: YEARS 59, MONTHS 4, DAYS 9. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. EX COUNTY JUDGE
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) UNKNOWN
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH MISSOURI 0

FATHER
13. NAME P.E. CHESNUT 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN KENTUCKY 0

MOTHER
15. MAIDEN NAME ELLIE KIRBY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DEKALB MISSOURI

17. INFORMANT MRS. ANNIE CHESNUT
(ADDRESS) 409 N. 17TH. ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORA CEMETERY DATE MAY 20TH. 1938
19. UNDERTAKER FLEEMAN & SON, INC.
(ADDRESS) 1946 CALHOUN ST. JOSEPH, MO.
20. FILED 5/21 1938 H. J. Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 18TH, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to May 18, 1938
I last saw him alive on May 18, 1938. Death is said to have occurred on the date stated above, at 6.35 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the bowel	Unknown

Other contributory causes of importance: None

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) John C. Byrne M. D.
(Address) St. Joseph Mo

WHITE 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.

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