REC'D SEP 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County Stoyle
Township Ruth
City (No. St. Ward)

Registration District No. 845
Primary Registration District No. 6108

File No. 30179
Registered No.

2. FULL NAME Alvin Ray Chastine 2.75

(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1936

7. AGE YEARS 1 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mo 0

FATHER
13. NAME Arch Chastine 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

MOTHER
15. MAIDEN NAME Mary A. Morris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Arch Chastine Reeds Spring Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Locum Pond Cem. DATE 6/30 1936

19. UNDERTAKER (ADDRESS) King Undertaking Co. Aurora Mo

20. FILED 6/29 1938 L S Shumate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/29 1938 to 6/29 1938
I last saw him alive on 6/29 1938 Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Enteric colitis — Date of onset 6/8/38

Other contributory causes of importance:

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) L. S. Shumate, M. D.
(Address) Reeds Spring Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 6-38-68
Date Filed 9-20-38