

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

Do not use this space.

DEPT. OCT 26 1938

33173

1. PLACE OF DEATH

County St. Clair
 Township Collins
 City (No.) (Ward)

Registration District No. 762
 Primary Registration District No. 6003

File No.
 Registered No.

2. FULL NAME

Robert Dale Chase 647

(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 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 1 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11, 1938</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
		<u>21</u>

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1938 to Sept 1, 1938

I last saw him alive on Aug 31, 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Dianhea

Date of onset

OCCUPATION

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

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

Other contributory causes of importance:

119B

12. BIRTHPLACE (CITY OR TOWN) St. Clair & Mo
 (STATE OR COUNTRY)

13. NAME Robert D. Chase

14. BIRTHPLACE (CITY OR TOWN) St. Clair & Mo
 (STATE OR COUNTRY)

15. MAIDEN NAME Chase Moore

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

17. INFORMANT Robert Chase
 (ADDRESS) Collins, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Reagan Cem DATE Sept 2, 1938

19. UNDERTAKER Joseph H. ...
 (ADDRESS) St. Clair, Mo.

20. FILED Oct 8, 1938 Mrs. C. L. Landstetter
 Registrar.

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) D. E. D. Brown D.O.
 (Address) Collins

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

RECEIVED

District Health Officer No. 7;

District File Number 7-38-214

Date Filed 10-11-38