

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.

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan
 Township Browning
 City Browning (No. _____)

Registration District No. 497
 Primary Registration District No. 4300A

File No. 33503
 Registered No. 15

2. FULL NAME Joseph B. Chittum

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 3 1853</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>0</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Retired Farmer</u>
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
13. NAME <u>Hezakiah Chittum</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Lucinda Fisher</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Edna Mickell Browning Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>White Oak</u> DATE <u>Sept 7 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Lloyd W. Hummel Browning Missouri</u>		
20. FILED <u>Sept 30 1938</u> <u>Mrs. Rila Williams</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/00m Sept 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1938, to Sept 5, 1938. I last saw him alive on Sept 5, 1938. Death is said to have occurred on the date stated above, at 8:10 P. m.
 The principal cause of death and related causes of importance were as follows:

<u>Apoplexy -</u> <u>Cardiac Failure</u> <u>Central Hemorrhage</u> <u>Hemiplegia</u> <u>arteriosclerosis</u>	Date of onset <u>Sept. 1-38</u>
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Other contributory causes of importance: Do

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? no
 If so, specify _____

(Signed) Dr. E. S. Fulkerson M.D.
 (Address) Browning, Missouri DO

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RECEIVED

District Health Officer No. 10

District File Number 10-38-398

Date FWS 10-16-38