

LEAF JAN 18 1939

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

Do not use this space.

1. PLACE OF DEATH

51 County Johnson
Township East Oak
City Lecton (No. 2)

Registration District No. 5586
Primary Registration District No. 42-5-6-

File No. 43541
Registered No. 430
St. _____ Ward _____

2. FULL NAME Starting Prince Chism

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 36 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Hillie B. Chism

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 0 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Morgan, Co. Mo.

FATHER 13. NAME H. D. Chism

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Tynthia Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT T. C. Chism
(ADDRESS) Lecton

18. BURIAL, CREMATION, OR REMOVAL PLACE Stover, Mo. DATE 12-18, 1938

19. UNDERTAKER R. A. B. Bauninger
(ADDRESS) Lecton, Mo.

20. FILED Jan. 8, 1939 Annabel Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17-, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1938, to Dec. 17, 1938

I last saw h. i. m. alive on 12-17-, 1938. Death is said to have occurred on the date stated above, at 4 P.M.

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

Mitral regurgitation

Date of onset

Other contributory causes of importance:

Arterio-Sclerotic

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) Lerton V. Dawkau, M. D.

390 (Address) Clinton, Mo.

WRITE 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.

RECEIVED

District Health Officer No. 8,

District File Number

11/2/39

Date Filed