OCT 18 1939

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

Do not use this space.

File No. 31624

Registered No. 3722

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1315 Linwood St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Nay Dean Chastain
(a) Residence. No. 1315 Linwood St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
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) 7-28-1903

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
36	1	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): B. M. A. Turnaro Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Albany
(STATE OR COUNTRY) Ga.

PARENTS
10. NAME OF FATHER William H. Chastain
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Albany
(STATE OR COUNTRY) Ga.
12. MAIDEN NAME OF MOTHER Coral Gilmore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ala.

14. INFORMANT Mrs Coral Chastain
(Address) 1315 Linwood

15. Sept 25, 1939 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-24 1939

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1937, to Sept 23, 1939 that I last saw her alive on Sept 23, 1939, and that death occurred, on the date stated above, at 24 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of the large intestine
46
(duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Metastasis to lung axilla skin, neck nodes & breast
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Kansas City Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 2, 1937 Aug 5, 1937
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Path. exam. of tissue
(Signed) Lip Robinson, M.D
, 19 (Address) 928 Phd Jess Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park
DATE OF BURIAL: 9-26 1939

20. UNDERTAKER: [illegible]
ADDRESS: K.C.D.

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.