

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

Do not use this space.

17765

1. PLACE OF DEATH

County Deer
Township White Oak
City Wich (No.)

Registration District No. 347
Primary Registration District No. 5-4-95-

File No.
Registered No. 68
St. Ward)

2. FULL NAME

William Jefferson Chastain

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 89 yrs. 6 mos. 29 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 18 - 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 6 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Gen Farm work
(c) Name of employer Himself

9. BIRTHPLACE (CITY OR TOWN) Deerfield County, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Chastain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Crouch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT J. R. Chastain
(Address) Wich Mo.

15. FILED 5/21 1931 Dr. E. C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1931

17. I HEREBY CERTIFY, That I attended deceased from May 10 1931, to May 17 1931, that I last saw him alive on May 17 1931, and that death occurred, on the date stated above, at 7:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

97A Cerebral Hemorrhage
111 P.
(duration) yrs. mos. 7 ds.

CONTRIBUTORY Hypostatic Pneumonia
(SECONDARY)

(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED Wich Mo

9 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Diagnosis

(Signed) J. G. McDonald, M. D.

, 10 Wich Mo (Address)

*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 Mount Oliv Cemetery DATE OF BURIAL May 19 1931

20. UNDERTAKER H P Smith ADDRESS Wich Mo

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. JUN 26 1931

