

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

Do not use this space.

17620

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township Jefferson

Primary Registration District No. 1001

City Jefferson

St. Joseph Hospital

File No.

Registered No. 662

St.

Ward)

2. FULL NAME

(a) Residence. No. Florence Add (128 E Buffalo) St. Jefferson

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 da.

How long in U.S., if of foreign birth? yrs. mos. da.

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 Luella Chard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warren Co
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm Chard

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

12. MAIDEN NAME OF MOTHER Mary McMann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kodomo,
(STATE OR COUNTRY) Indiana

14. INFORMANT Mr. G. H. Chard,
Florence Addition

15. FILED 27 1927 John S. Giff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/25 1927

I HEREBY CERTIFY, That I attended deceased from 6/15, 1927, to 6/25, 1927, that I last saw him alive on 6/24/27, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

137
135 12 1/2
(duration) yrs. mos. da.

CONTRIBUTORY Myoperated Prostate
(SECONDARY) (duration) yrs. mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Charles Greenberg, M. D.
6/27, 1927 (Address) St Joseph MO

*State the DISEASE CAUSING DEATH, or if 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

Ashland Cemetery DATE OF BURIAL June 27 1927

20. UNDERTAKER

Fleeman - Paris ADDRESS 1208 Frank

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.

