

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.

35-873-1

1. PLACE OF DEATH

County Washington
 Township Concord
 City (No. _____) _____

Registration District No. 886
 Primary Registration District No. 6178

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

George Edward Chestney

(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

M

4. COLOR OR RACE

W

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)

11-3-1928

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
4	11	17	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Hopewell

(STATE OR COUNTRY)

10. NAME OF FATHER

L. Chestney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Sanitown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Marie Brendel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

L. Chestney
Hopewell

15.

FILED

10-20-28

G. D. ...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

10/20 1928

17.

I HEREBY CERTIFY, That I attended deceased from Oct 18, 1928, to Oct 20, 1928, that I last saw him alive on Oct 18, 1928, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis Acute

79H
87B

7/10
Grey

(duration) yrs. 3 mos. - ds.

CONTRIBUTOR (SECONDARY)

(duration) All yrs. Life ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

9. DID OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) M. Stusswell, M. D.

, 1928 (Address) Potosi Mo

*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

DATE OF BURIAL

Hopewell

10/22 1928

20. UNDER TAKER

B. Boyer & Son

ADDRESS

Potosi Mo

