

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

Do not use this space. *in 1931*

13821

File No.
Registered No. **297**
St. Ward)

1. PLACE OF DEATH

County Green Registration District No. 318
Township Primary Registration District No. 2001
City Springfield Mo. 9th New

2. FULL NAME

(a) Residence. No. 911 New 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

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

Theresa Chastain

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

Sept 2 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

59

7

10

8. OCCUPATION OF DECEASED

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

Producer 169

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Marion Chastain

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Sarah Downing

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

14. INFORMANT

(Address)

Theresa Chastain
911 S. New Ave, Springfield Mo.

15. FILED

4-13, 1931

Lon Sharp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 12 1931

17.

I HEREBY CERTIFY That I attended deceased from 12th March 31 to 12th April 31 1931 that I last saw him alive on Apr 11 1931 and that death occurred, on the date stated above, at 2 O'clock p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral embolism
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

migratory phlebitis of arms & legs (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert Lynn M. D.

4/3 1931 (Address) Springfield Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Hopdale Cemetery

DATE OF BURIAL

April 14 1931

20. UNDERTAKER

T. B. Chaffin

ADDRESS

Ozark 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.

APR 23 1931

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