

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

1 PLACE OF DEATH

County Osage  
Township Rinn  
or  
Village  
or  
City (NO. St. Ward)

Registration District No. 644 File No. 289917  
Primary Registration District No. 5853 Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME

Chase, Carl Ray

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word) Single

6 DATE OF BIRTH Aug 4 1890  
(Month) (Day) (Year)

7 AGE 41 yrs. 15 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Laborer - Public Works  
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Spickard Mo.

PARENTS  
10 NAME OF FATHER Chase, George T  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.  
12 MAIDEN NAME OF MOTHER Hughes Pyrrine  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) St Louis Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ed C Peak  
(Address) R<sup>2</sup> Jeffersa City, Mo.

15 Filed Aug 20 1931 Emily L. nally Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 19 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191 to Aug 19 1931  
that I last saw h alive on 191  
and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH\* was as follows:  
Personing, accidental falling from boat while out blue fishing.  
(Duration) 1 yrs. 1 mos. 1 da.

CORONARY (Secondary) 1895  
(Duration) 36 yrs. 11 mos. 11 da.  
(Signed) E. P. Meats M. D.  
Aug 19 1931 (Address) Barnes Hill Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death 1 yrs. 1 mos. 1 ds. In the State 1 yrs. 1 mos. 1 ds.  
Where was disease contracted if not at place of death?  
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL St. Louis Mo. DATE OF BURIAL Aug 21 1931  
UNDERTAKER Tawson's Funeral Home ADDRESS Jefferson City Mo.

WRITE PLAINLY, WITH UNFADING INK - THIS IS BINDING

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. RECORD. EVERY item of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS should be stated.

SEP 25 1931

