

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

Do not use this space.

MAR 17 1936

1. PLACE OF DEATH  
 County Cass Registration District No. 156  
 Township Harrisonville Primary Registration District No. 4090  
 City Harrisonville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 2. FULL NAME William G. Chelf  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

5004

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 2, 1870</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>10</u>
	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation <u>always</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co Ky</u>		
FATHER	13. NAME <u>H. B. Chelf</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Taylor Co Ky</u>	
MOTHER	15. MAIDEN NAME <u>May M. Deindorfer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co Ky</u>	
17. INFORMANT (ADDRESS) <u>Mrs. May Chelf Wich Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wich Mo</u> DATE <u>Feb 18 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Hobart Arnold Creighton Mo</u>		
20. FILED <u>Feb 15, 1936</u> <u>E. M. Kuffler</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1936

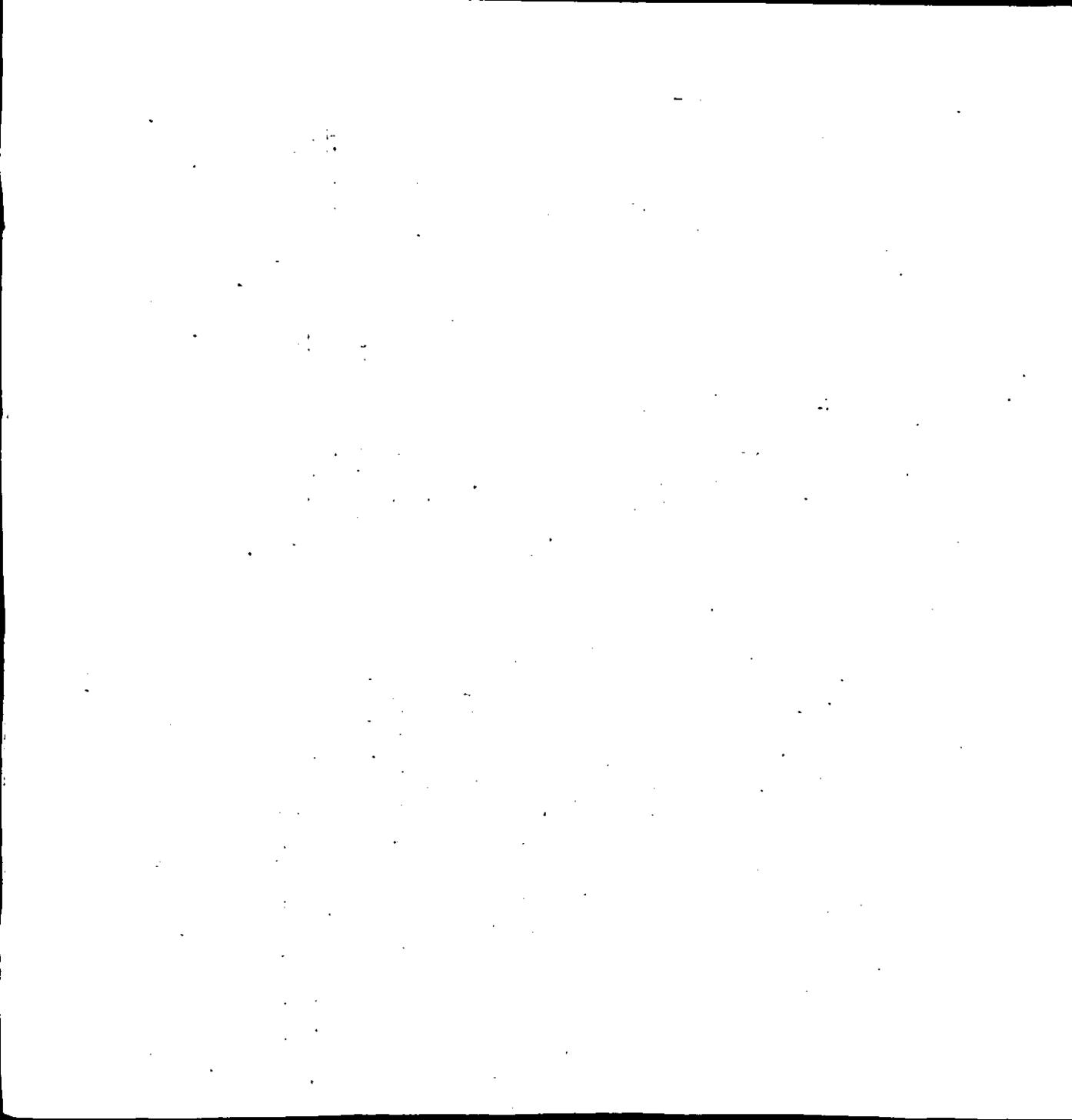
22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1936, to Feb 17, 1936.  
 I last saw him alive on Feb 15, 1936. Death is said to have occurred on the date stated above, at 9:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pertinent following  
operation for  
removal of prostate  
gland  
 Date of onset 137

Other contributory causes of importance:  
137

Name of operation \_\_\_\_\_ Date of Feb 11  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) E. M. Kuffler M. D.  
 (Address) Harrisonville Mo



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Cass  
Township  
City Harrisonville (No. ....)

Registration District No. 15-6  
Primary Registration District No. 4090

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

William G. Chelf  
(a) Residence, No. .... St., .... Ward. ....  
(Usual place of abode)

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 S (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than day hrs. min.  
65 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Feb 15 1936 E M Griffith Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....  
I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Peritonitis following operation for removal of prostate gland resulting of urine no discharge

Date of onset

Other contributory causes of importance:

Name of operation 137 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) E. M. Griffith, M. D.  
(Address) Harrisonville Mo

**SUPPLEMENTAL**

S-5004