SEP 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jasper
Township Sherman
City Joplin (No. 317 Byers St. Ward)

Registration District No. 411
Primary Registration District No. 2002

File No. 30967
Registered No.

2. FULL NAME Harry Kelley Chism

(a) Residence, No. 317 Byers 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: Married = Susan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 5 - 1881

7. AGE: Years 55 | Months 10 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
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): Carterville, Mo.

FATHER
13. NAME: Samuel Chism
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Mary McMurty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Susan Chism 317 Byers Joplin Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Hope DATE 8-26 1937

19. UNDERTAKER (ADDRESS): Frank Sievers Mortuary Joplin Mo.

20. FILED 8-24 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 23 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-24 1937 to 8-24 1937
I last saw him alive on Aug 24 1937. Death is said to have occurred on the date stated above, at 11:50 a.m. 8/23/37
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Heart Beat	

Other contributory causes of importance:

Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy? None

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? No
If so, specify
(Signed) A. N. Weightman Coroner, M. D.
(Address) Joplin, 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.