

58 JUL 29 1937

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

Do not use this space.

24183

File No. *5*
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County *Linn*
Township *Jefferson*
City *Laclede* (No. _____)

Registration District No. *500*
Primary Registration District No. *5663*

2. FULL NAME

William Henry Chinn
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 *Lucy Lawek Chinn*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 27, 1853*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 3 14

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 11, 1937*
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on *June 11, 1937* Death is said to have occurred on the date stated above, at *8:30 P.*
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
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 _____

Coronary thrombosis
Date of onset _____
antennal sepsis

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *May Port, Indiana*13. NAME *James Chinn*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*15. MAIDEN NAME *Sarah Stoner*

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

17. INFORMANT *W. A. Chinn* (ADDRESS) *Laclede, Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Laclede, Mo.* DATE *June 12, 1937*19. UNDERTAKER *Mrs. Sharn* (ADDRESS) *Laclede, Mo.*20. FILED *June 15, 1937* *Geo O. Plourman* Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *no*

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 *3*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____

(Signed) *W. F. LaManew* M. D. O.
(Address) *Laclede, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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