

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

Do not use this space.

36555

1. PLACE OF DEATH

County Cape Girardeau, Mo. Registration District No. 125
 Township Cape Girardeau, Mo. Primary Registration District No. 3009
 City Cape Girardeau, Mo. S. E. Mo. Hospital (Ward)

File No.

Registered No. 251

2. FULL NAME

Lesly Roy Chennuman
 (a) Residence. No. 1118 4th St., Ward. (If nonresident, give city or town and State)
 (Usual place of abode) Cape Girardeau, Mo.
 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11-1907

7. AGE	YEARS	MONTHS	DAYS	IT LESS than 1 day, hrs. or min.
	<u>22</u>	<u>0</u>	<u>16</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Going to School
 (b) General nature of industry, business, or establishment in which employed (or employer) 130 918 1118
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Gir. County, Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER R. B. Chennuman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Neely Landing, Missouri
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maggie Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bartholomew, Missouri
 (STATE OR COUNTRY)

14. INFORMANT M. R. B. Chennuman
 (Address) H. A. D. # 1

15. FILED 11/29/29 W. Kempfer REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1929, to Nov 27, 1929, that I last saw him alive on Nov 27, 1929, and that death occurred, on the date stated above, at 7:50 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute-Endo-pericarditis.
Acute Nephritis.

CONTRIBUTORY (SECONDARY) Hyperstatic Pneumonia
 (duration) yrs. 1 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Neely's Landing

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? All physical signs
 (Signed) Carl H. Chennuman, M. D.
 , 19 (Address)

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Neely Landing DATE OF BURIAL Nov. 29, 29

20. UNDERTAKER Alb. Newkopt ADDRESS 536 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

