

Ship
 No. 890
 (No. 890)

RECORD OF DEATH

Registered No. 9966

(If death occurred in a hospital or in a sanitarium, give NAME instead of street and number.)

(2) FULL NAME

Yasuto Chachi

PERSONAL AND STATISTICAL PARTICULARS

SEX (4) COLOR OF HAIR (5) SINGLE (6) MARRIED (7) WIDOWED (8) DIVORCED (9) ORPHAN (10) (Write the word)

Male Japanese Single

DATE OF BIRTH (Month) (Day) (Year)

March 4th 1917

AGE (Years) (Months) (Days) (Hours) (Minutes)

1 14

OCCUPATION (Trade, profession, or particular kind of work)

Infant

RESIDENCE (State or country)

Honolulu

(10) NAME OF FATHER

Shinichi Chachi

(11) RESIDENCE OF FATHER (State or country)

Yamaguchi Japan

(12) MOTHER'S NAME (State or country)

Matsu Matsumoto

(13) RESIDENCE OF MOTHER (State or country)

Yamaguchi Japan

(14) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (City) (State) (Year)

890 Japanese Honolulu

MEDICAL CERTIFICATE OF DEATH

(16) DATE OF DEATH (Month) (Day) (Year)

April 18 1917

(17) I HEREBY CERTIFY, That I attended deceased from April 17th 1917, to April 18th 1917, that I last saw her alive on April 18th 1917, and that death occurred, on the date stated above, at 4:30 p.m. THE CAUSE OF DEATH* was as follows:

Death Entering water

Contributory (Secondary) (Duration) (Year) (Month) (Day)

(Signed) Dr. S. Yamaguchi M. D.

April 18th 1917 (Address) Honolulu Hawaii

*State the Disease Causing Death, or, in death from Violent Cause, 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) (Year) (Month) (Day) (In the State) (Year) (Month) (Day)

Where was disease contracted, if not at place of death? (Former or usual residence)

(19) PLACE OF BURIAL OR REMOVAL (Date of Burial)

Maui Japanese Cemetery April 19th 1917

(20) UNDERTAKER (Address)

J. H. Rose Takuhi St

Entered U.S. 1917
 APR 19 1917
 Registrar
 Registrar General,
 Territorial Board of Health.