## 1920 United States Federal Census - Robert Chron Family

| State:                | Missouri    |  |  |  |  |  |  |  |  |
|-----------------------|-------------|--|--|--|--|--|--|--|--|
| County:               | Mississippi |  |  |  |  |  |  |  |  |
| City, township:       | Tywappity   |  |  |  |  |  |  |  |  |
| Enumeration District: | ED 114      |  |  |  |  |  |  |  |  |
| Roll Number:          |             |  |  |  |  |  |  |  |  |
| Page Number:          | 17          |  |  |  |  |  |  |  |  |

## Nativity and Mother Tongue

Place of birth of each person and parents of each personn enumerated. If born in United States, give state or territory. If foreign birth, give the place of birth, and, in addition, the mother tongue.

|             | Place of Abode |                         |                 |   | Name   | Ter   | nure                    | Personal Description           |     |               |                      | Citizenship                              |   |                      | Education                              |  |              | Person        |                | Father        |                | Mother        |                | Occupation    |                       |   |  |   |                      |
|-------------|----------------|-------------------------|-----------------|---|--|---|-------------------------|--------------------------------|-----|---------------|----------------------|--|---|----------------------|--|--|--------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|-----------------------|---|--|---|----------------------|
| Line Number | elic.          | House number or<br>farm | Dwelling Number | Number of family, in<br>order of visitation | Name of each person whose plac<br>abode on January 1, 1920, was in<br>family | e of Relationship of this person to the head of the family. | Home awned or<br>rented | If owned, free or<br>moftgaged | Sex | Color or Pace | Age at last birthday | Single, married,<br>widowed, or divorced | Year of immigration<br>to the United States | Naturalized or allen | If naturalized, year of naturalization | Attended school<br>anytime since Sept.<br>1,1919 | Able to read | Able to write | Place of Birth | Mother Tongue | Place of Birth | Mother Tongue | Place of Birth | Mother Tongue | Able to speak english | Trade, profession, or<br>particular kind of<br>work done. | Industry, business, or<br>establishment in<br>which at work. | Employer, salary or<br>wage worker, or<br>working on own<br>account | No. of farm schedule |
|             | 1              | 2                       | 3               | 4   | 5  | 6   | 7                       | 8                              | 9   | 10            | 11                   | 12                                       | 13  | 14                   | 15                                     | 16   | 17           | 18            | 19             | 20            | 21             | 22            | 23             | 24            | 25                    | 26  | 27   | 28  | 29                   |
|             |                |                         |                 |   | Chron, Robert  | Head  | R                       |                                | M   | W             | 52                   | M  |   |                      |  |  | N Y          | Y             | Kentucky       |               | North Carolina |               | Tennessee      |               | Y                     | owner   | Grocery?   |   |                      |
|             |                |                         |                 |   | Chron, Emma J  | Wife  |                         |                                | F   | w             | 46                   | M  |   |                      |  | 1  | N Y          | Y             | Kentucky       |               | Tennessee      |               | Tennessee      |               | Y                     | none  | 1  |   |                      |
|             |                |                         |                 |   | Chron, William R   | Son   |                         |                                | M   | W             | 21                   | S  |   |                      |  |  | N Y          | Y             | Missouri       |               | Kentucky       |               | Kentucky       |               | Y                     | merchant  | ?  | W   |                      |
|             |                |                         |                 |   | Chron, Cora B  | Daughter  |                         |                                | F   | w             | 18                   | S  |   |                      |  | 1  | N Y          | Y             | Missouri       |               | Kentucky       |               | Kentucky       |               | Y                     | none  | 1  |   |                      |
|             |                |                         |                 |   | Chron, Virgie Y  | Son   |                         |                                | M   | W             | 14                   | S  |   |                      |  |  | Y Y          | Y             | Missouri       |               | Kentucky       |               | Kentucky       |               | Y                     | none  |  |   |                      |
|             |                |                         |                 |   |  |   |                         |                                |     |               |                      |  |   |                      |  |  |              |               |                |               |                |               |                |               |                       |   |  |   |                      |
|             |                |                         |                 |   |  |   |                         |                                |     |               |                      |  |   |                      |  |  |              |               |                |               |                |               |                |               |                       |   |  |   |                      |
|             |                |                         |                 |   |  |   |                         |                                |     |               |                      |  |   |                      |  |  |              |               |                |               |                |               |                |               |                       |   |  |   |                      |
|             |                |                         |                 |   |  |   |                         |                                |     |               |                      |  |   |                      |  |  |              |               |                |               |                |               |                |               |                       |   |  |   |                      |
|             |                |                         |                 |   |  |   |                         |                                |     |               |                      |  |   |                      |  |  |              |               |                |               |                |               |                |               |                       |   |  |   |                      |
|             |                |                         |                 |   |  |   |                         |                                |     |               |                      |  |   |                      |  |  |              |               |                |               |                |               |                |               |                       |   |  |   |                      |
|             |                |                         |                 |   |  |   |                         |                                |     |               |                      |  |   |                      |  |  |              |               |                |               |                |               |                |               |                       |   |  |   |                      |
|             |                |                         |                 |   |  |   |                         |                                |     |               |                      |  |   |                      |  |  |              |               |                |               |                |               |                |               |                       |   |  |   |                      |