

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

Do not use this space.

11271

1. PLACE OF DEATH

County.....

Registration District No. **701**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No.)

Lutheran Hosp.

St.

Ward)

2. FULL NAME

Ola Chambers

(a) Residence, No.
(Usual place of abode)

St. **24** Ward. **California Mo.**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **1** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Geo. Chambers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 16 - 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

54

2

28

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

House Work

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)

Monitray Mo.

13. NAME

J. M. Woodard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monitray Mo.

15. MAIDEN NAME

Sarah Allen

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

Monitray Mo.

17. INFORMANT (ADDRESS)

Mrs. Geo. Voight 2624 Russell Bl.

18. BURIAL, CREMATION, OR REMOVAL

PLACE **California Mo.** DATE **March 10 1933**

19. UNDERTAKER (ADDRESS)

J. M. Wilson & Sons Ltd. Co. California Mo.

20. FILED

MAR - 9 1933 May E. Stanley Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 7 1933**

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 1 1933 to March 7 1933

I last saw him alive on **March 7 1933** Death is said

to have occurred on the date stated above, at **8:00 a.m.**

The principal cause of death and related causes of importance were as follows:

Cancer of Liver
46 E
127 D

Date of onset

Other contributory causes of importance:

Chronic jaundice

Name of operation

Exploratory Laparotomy

What test confirmed diagnosis?

Was there an autopsy?

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?

If so, specify

(Signed)

Chas. Hauser

M. D.

(Address)

3156 Park av

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

