DEC 16 1937

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

Do not use this space.

2 1

1. PLACE OF DEATH
County Cole Registration District No. 211
Township Marion Primary Registration District No. 4128
City Centertown No. ____ St. ____ Ward)

File No. 41021
Registered No. 12

2. FULL NAME Rosa Eudia Chambers

(a) Residence, No. ____ St., ____ Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W.	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF William H. Chambers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	10	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) West Virginia

FATHER
13. NAME Jacob Boger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Ann Hoover
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Chambers Centertown

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centertown DATE Nov 15 1937

19. UNDERTAKER (ADDRESS) Kellgam & Friedmeyer California Mo

20. FILED 11/15 1937 H. T. Leach M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1937 to November 13, 1937
I last saw her alive on November 13, 1937 Death is said to have occurred on the date stated above, at 4:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

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Other contributory causes of importance:
Chronic Valvular Disease of the Heart

Name of operation none Date of ---
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Frank J. Nichols, M. D.
(Address) Centertown, Mo.

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.

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

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