

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.

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

Do not use this space.

AUG 14 1935

25951

1. PLACE OF DEATH

26 County Cole Registration District No. 211
Township Marion Primary Registration District No. 4128
City CENTERTOWN, MO. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 26

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>71</u>	<u>11</u>	<u>2</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator Filling Station
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) Aug 11, 1935
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

13. NAME John H Chambers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

15. MAIDEN NAME Mary Wells

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

17. INFORMANT Agnes Hutchison
(ADDRESS) Centertown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE CENTERTOWN, MO. DATE Aug 6, 1935

19. UNDERTAKER Willis and Fred Meyer
(ADDRESS) Centertown Mo

20. FILED Aug 8 1935 H. T. Seach, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935, to Aug 4, 1935
I last saw him alive on Aug 4, 1935. Death is said to have occurred on the date stated above, at 1:27 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease
Date of onset _____

Other contributory causes of importance: Angina Pectoris, Uræmia

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? no
If so, specify _____

(Signed) Frank J. Nichols, M. D.

(Address) Centertown, Mo

CENTERTOWN, MO.

