

DEC 18 1935

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

Do not use this space.

35626

1. PLACE OF DEATH

39 County DeKalb Registration District No. 258
Township Washington Primary Registration District No. 5360 a
City (No.) St. Ward

2. FULL NAME

George N. Chamberlain
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Chamberlain</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-17-1850</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>2</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan County Mo</u>		
FATHER	13. NAME <u>George Chamberlain</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Not Known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
17. INFORMANT <u>Albert Chamberlain</u> (ADDRESS) <u>Clarkdale Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Montgomery</u> DATE <u>11/12</u> 19 <u>35</u>		
19. UNDERTAKER <u>J. G. Jones</u> (ADDRESS) <u>Steubenville Mo</u>		
20. FILED <u>11/11</u> 19 <u>35</u> <u>Mrs C. M. Davis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-10-1935 to 11-10-1935

I last saw him alive on 11/10, 1935. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hemiplegia - Right

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

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? No
If so, specify

(Signed) G. F. Perissin, M. D.
(Address) Clarkdale 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.

