

MAY 27 1927

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Galena
City Joplin

Registration District No. 411
Primary Registration District No. 2002

12061
File No. _____
Registered No. 197
St. _____ Ward _____

2. FULL NAME George A. Chambers

(a) Residence No. 901 Ohio St. _____ Ward _____

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 M. 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16, 1876.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 7 24

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Kans.

PARENTS

10. NAME OF FATHER no record
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) no record
12. MAIDEN NAME OF MOTHER no record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) no record

14. INFORMANT Mrs. E. Carmicle
(Address) Baxter Springs Kans.

15. FILED 4/12/27 A. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-10-27

17. I HEREBY CERTIFY That I attended deceased from 4-8-27 to 4-10-27 that I last saw him alive on 4-8-27, 1927, and that death occurred, on the date stated above, at 1020 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
with Tuberculosis
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 31
(duration) _____ yrs. _____ mos. _____ ds.

18. WHETHER DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. T. Carpenter M. D.
4/21-27 (Address) Joplin Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL FAIRVIEW CEM DATE OF BURIAL 4) 12, 1927
20. UNDERTAKER HURLBUT UND. CO. ADDRESS Joplin 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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

100