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.

17 1928

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

Do not use this space.

36060

85

1001

1. PLACE OF DEATH

County Buchanan Registration District No. .... File No. ....

Township Washington Primary Registration District No. 1001 Registered No. 1303

City St Joseph (No. 1927 North 18th St. .... Ward)

2. FULL NAME Cora May Chambers

(a) Residence. No. 1927 No. 18th St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 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	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — Chas Chambers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ...... min.
	44	1	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Missouri

PARENTS

10. NAME OF FATHER Nell Coffee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Martha Kerns

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Lulu May Begg
(Address) Rockwell City Iowa

15. FILED DEC 20, 1927 John G. Otz
S. J. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1927

17. I HEREBY CERTIFY, That I attended deceased from November 21, 1927, to Dec 17, 1927, that I last saw her alive on Dec 17, 1927, and that death occurred, on the date stated above, at 11 30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis

93A

115P

(duration) ...... yrs. ...... mos. ...... ds.

CONTRIBUTORY (SECONDARY) Pyorrhea

88B

(duration) ...... yrs. ...... mos. ...... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ....

8

DID AN OPERATION PRECEDE DEATH? .... DATE OF ....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Stethoscope

(Signed) Dr. O. W. Foster, M.D.

12/20, 1927 (Address) 221A Kirkpatrick Bldg

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Amity Cemetery	Dec 21, 1927
20. UNDERTAKER	**ADDRESS**
E. L. Sidenfaden	602 So 10