

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

Do not use this space.

4839

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township New Primary Registration District No. \_\_\_\_\_  
 City Paris, Mo. (No. 1925) Paris St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 925 Paris St. 2 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>59</u>	<u>10</u>	<u>7</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work at home  
 (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) Ind

10. NAME OF FATHER Dempson Turley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ind

12. MAIDEN NAME OF MOTHER Elizabeth Michal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ind

14. INFORMANT Mrs. L. L. Swens (Address) 925 Paris

15. FILED 2-4-28 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1928 to Feb. 1, 1928, that I last saw her alive on Feb. 1, 1928, and that death occurred, on the date stated above, at 11:25 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Anemia  
11 1/2  
71 A  
Several years probably  
"flu"

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) 4 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Tabarstom - gastric + blood exam.  
 (Signed) F. T. Fowler, M. D.  
3, 1928 (Address) 638 Easton 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 Boiler Room DATE OF BURIAL Feb. 2, 1928  
Lowell Kaus

20. UNDERTAKER Mrs. C. L. Foister ADDRESS City

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.

638. Tallrop

4478 vine

7611 E 27

Li 2609

Det Mar. 11 o'clock