

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

Do not use this space.

8149.

**1. PLACE OF DEATH**

County Carroll  
Towship Washington  
City..... (No..... Ward)

Registration District No. 138  
Primary Registration District No. 5203

File No.....  
Registered No. 12  
.....St. .... Ward)

**2. FULL NAME** Elizabeth Chumbley,

(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 Female, 4. COLOR OR RACE White, 5. ~~Single, Married, Widowed or Divorced~~ (write the word) Widowed,

5A. If ~~Married~~ Widowed, ~~Widowed~~  
(OR) WIFE OF Robert G. Chumbley,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February-1st-18

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	88	1	27	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN)..... Livingston County,  
(STATE OR COUNTRY) Mo.,

10. NAME OF FATHER John Varney,

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

12. MAIDEN NAME OF MOTHER Christinia Day,

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

14. INFORMANT Mrs. James Thompson  
(Address) Braymer, Mo., R.F.D.

15. FILED Apr. 2, 1928 E. P. Michael  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1928

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1928, to March 28, 1928 that I last saw her alive on March 28, 1928, and that death occurred, on the date stated above, at..... 9:00 a.m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardial Insufficiency

92 (duration) 10 yrs. - mos. - ds.  
57  
CONTRIBUTORY General Arteriosclerosis  
(SECONDARY) (duration) 15 yrs. - mos. - ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs & symptoms  
(Signed) Geo. S. Dowell, M. D.

March 28, 1928 (Address) Braymer, Mo.

\*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

Brassfield Cemetery, - March-29<sup>th</sup> 1928

20. UNDERTAKER ADDRESS  
E. P. Michael - Braymer, 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.

4-1828

