

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

Do not use this space.

10135

**1. PLACE OF DEATH**

County Like Registration District No. 685-  
 Township Clarksville Primary Registration District No. 44.09  
 City Clarksville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 19  
 Registered No. 5-

**2. FULL NAME**

Maud Chambers  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Divorced</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 29 - 1891</u>		
7. AGE	YEARS	MONTHS
	<u>36</u>	<u>11</u>
		DAYS
		<u>15</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Clarksville</u> (STATE OR COUNTRY) <u>Mo</u>		
10. NAME OF FATHER <u>Andrew Bernard</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Wellsville</u> (STATE OR COUNTRY) <u>Mo</u>		
12. MAIDEN NAME OF MOTHER <u>Mat McMurphy</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Lincoln</u> (STATE OR COUNTRY) <u>Mo</u>		
14. INFORMANT <u>Matt Turner</u> (Address) <u>Clarksville Mo</u>		
15. FILED <u>April 28 1928</u> <u>H.W. Treadway</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15 1928

17. I HEREBY CERTIFY, That I attended deceased from March 15 1928 to March 15 1928, and that I last saw her alive on March 15 1928, and that death occurred, on the date stated above, at 6 o'clock P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Conen Merus  
46 (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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?  
 (Signed) J. H. H. H. H. H., M. D.  
 , 19 Clarksville Mo (Address)

\*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 Clarksville Cemetery DATE OF BURIAL March 17 1928

20. UNDERTAKER Harvey C. Carroll ADDRESS Clarksville Mo

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.

1928

