WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

17259

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2231

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME EDWARD LAWRENCE CHAMBLISS

(a) Residence. No. 1210 Linwood Blvd St., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	58	3	22	

8. OCCUPATION OF DECEASED

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

(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) Maryland

PARENTS

10. NAME OF FATHER J. E. Chambliss

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

12. MAIDEN NAME OF MOTHER Laviece Gwin

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

14. INFORMANT Mrs. Thirza Chambliss
(Address) 1210 Linwood Blvd

15. FILED 5/21, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1928

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1928, to May 19, 1928, that I last saw him alive on May 19, 1928, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

1000 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Toxic Poisoning & Illness of Bowels (duration) 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? Symptoms

(Signed) B. Isbor, M. D.

5/21, 1928 (Address) 636 Argyle Blvd.

*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~~ Forest Hill Cemetery — DATE OF BURIAL 5/21/1928

20. UNDERTAKER Stine & McClure — ADDRESS 924 Oak

Dr. B. T. Sharp
636 Argyle
VI-4930