

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

Do not use this space.

17352

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Wau Primary Registration District No. 1002
 City K. C. Mo No. 3507 Roberts St St. _____ Ward _____

2. FULL NAME Martha R. Chamberlain
 (a) Residence No. 3507 Roberts St. 9 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** Wht **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widowed
 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF Henry Chamberlain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20, 1849

7. AGE YEARS 78 MONTHS 11 DAYS 7
 If LESS than 1 day, _____ hrs. or _____ min.

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) Canada
 (STATE OR COUNTRY)

10. NAME OF FATHER A. C. Williams

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

12. MAIDEN NAME OF MOTHER London

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

14. INFORMANT Mrs Perry J. Peck
 (Address) 3507 Roberts

15. FILED 5/27, 1928 M. M. Brown REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1928

17. I HEREBY CERTIFY That I attended deceased from May 15 1928 to May 27 1928
 that I last saw her alive on May 26 1928, and that death occurred on the date stated above, at _____ A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
92 hr
27 (duration) yrs. mos. da.
CONTRIBUTOR Arteriosclerosis
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 74 W
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) M. M. Brown M. D.
5/27, 1928 (Address) 402 W. Washburn St

*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 Osceola Mo **DATE OF BURIAL** 5/28 1928

20. UNDERTAKER Stine-McClure **ADDRESS** K. C. 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.

12/1/1911