JUL 30 1928

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

Do not use this space.

22791

1. PLACE OF DEATH
County Texas Registration District No. 1043 File No.
Township Ozark Primary Registration District No. 6141 Registered No. 2
City (No. St. Ward)

2. FULL NAME Julius A. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-1-1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	3	18	

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

9. BIRTHPLACE (CITY OR TOWN) Ho.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Julius Chambers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ho.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah Goode
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) X
(STATE OR COUNTRY) Tennessee

14. INFORMANT X Elmer Chambers
(Address) Adair Iowa

15. FILED June 18 1928 E. E. Whitmore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 6-7, 1928, to 6-18, 1928 that I last saw him alive on 6-17, 1928, and that death occurred, on the date stated above, at 8:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11 B
135 B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cistitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 11 B
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. R. Warnack M. D
June 18 1928 (Address) Houston, 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 Ozark Cemetery
DATE OF BURIAL 6-19 1928

20. UNDERTAKER John Knighn
ADDRESS Yonkon

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.