

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis Mo* (No.....)

Registration District No..... *701*  
Primary Registration District No..... *1005 Barnes Loop*

File No. *29297*  
Registered No. *8819*  
St..... Ward.....

**2. FULL NAME**

*CHAMBERS, MARY Lee*  
(a) Residence. No. *Belleville, St. 12* Ward. *Belleville Mo.*  
(Usual place of abode) *Mo.*

*Belleville Mo.*  
(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 *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 *E. E. Chambers*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct. 27-1872*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*55 10 4*

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) *Belleville Mo*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Nathan Barton*

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

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT *E. E. Chambers*  
(Address) *Belleville Mo*

15. FILED *May 21 1928* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug. 31 1928*  
17.

I HEREBY CERTIFY, That I attended deceased from *8-19*, 19*28*, to *8-31*, 19*28*  
that I last saw h.c.r. alive on *8-31*, 19*28* and that death occurred, on the date stated above, at *7:04 P.m.*

52 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*4615*  
*107A Melanosarcoma of skin*  
*Metastasis to Liver*  
(duration)..... yrs. *4* mos. .... da.

CONTRIBUTORY (SECONDARY) *Pneumonia Broncho*  
(duration)..... yrs. .... mos. *2* da.

18. WHERE WAS DISEASE CONTRACTED  
IF SO AT PLACE OF DEATH?

DID ANY OTHER DISEASES PRECEDE DEATH? *no* DATE OF.....  
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Autopsy / Biopsy*  
(Signed) *[Signature]* M. D.  
, 19 (Address) *Barnes Loop Belleville Mo.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT INJURIES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Calidonia Mo* DATE OF BURIAL *9-1 1928*

20. UNDERTAKER *A. E. Bond Und* ADDRESS *Stanton 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.

