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

Do not use this space.

1428

399

1. PLACE OF DEATH
County Jackson Registration District No. 1002 File No. 15
Township Kaw Primary Registration District No. 1002 Registered No. 15
City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Mrs Inis Arline Chalmers
(a) Residence. No. 3523 College St. 14 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS		
3. SEX: female	4. COLOR OR RACE: white	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dr Jno Thos Chalmers -deceased		
6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 2-1859		
7. AGE: Years 69, Months 9, Days 0	If LESS than 1 day, ...hrs. or ...min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Home		
(b) General nature of industry, business, or establishment in which employed (or employer): mother		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davenport Iowa		
PARENTS 10. NAME OF FATHER: Wm Mapham		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn		
12. MAIDEN NAME OF MOTHER: Phebe Wilson		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.		
14. INFORMANT (Address): Elva E Lucas		
15. Filed Jan 3, 1929 M. M. Crime [?] REGISTRAR		

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MEDICAL CERTIFICATE OF DEATH Wednes.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 1928, to Jan 1 1929, that I last saw her alive on 1 1 1929, and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:
Malignancy of Gall Bladder, following Gall bladder with stones (duration) yrs. mos. ds.
Metastasis to liver + + +
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

44c

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C C Conover, M. D
1/3, 1929 (Address) Argyle Bldg.

*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: Ottawa Kansas DATE OF BURIAL: Jan 4 1929
20. UNDERTAKER: Eylar Funeral Home ADDRESS: 1800 Linwood

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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