

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

Do not use this space.

21605 27.15

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Paris Primary Registration District No. 1002
 City W.C. Mo. (No. 4633) St. 15 Ward.

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Mrs. Ellen J. Chamberlin
 (a) Residence. No. 4633 Tread St., 15 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank E. Chamberlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 9 21

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)

(STATE OR COUNTRY) Iowa

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14.

INFORMANT Frank E. Chamberlin
 (Address) 4633 Tread Ave

15.

FILED 6/21 1929 M. M. Crewe
 asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1929

17. I HEREBY CERTIFY, That I attended deceased from June 19 1929 to June 20 1929, and that I last saw him alive on June 20 1929, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Epilepsy
167

CONTRIBUTORY (SECONDARY) Senility

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

18 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Lee James, M. D.

6/21 1929 (Address) 4707 70th St. K.C. 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 DATE OF BURIAL

Frost Hill June 24 1929

20. UNDERTAKER ADDRESS

D. W. Quinones Dono 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.

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DEPARTMENT RECORD

