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

Coroner's Copy

Do not use this space. 5-8 in 135 lbs. blue eyes gr hair blk eye brows

24637

3049

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City Kansas City (No. 2014 E 7th St 3 floor ..... St. ..... Ward)

2. FULL NAME Ernest Clifford Chamberlin
(a) Residence. No. 2014 E 7 St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Ester Triplett Chamberlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 - 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	9	13	

8. OCCUPATION OF DECEASED Stationary formally fireman
(a) Trade, profession, or particular kind of work Mo Pac Ry Yards.
(b) General nature of industry, business, or establishment in which employed (or employer) freight House Murray foreman
(c) Name of employer time keeper Hollister agent Johnson

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dubuque Iowa

PARENTS
10. NAME OF FATHER Jno Chamberlin
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 Mrs Lillie E. Chamberlin
(Address) 2014 E 7th st

15. FILED 7-13 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH Tuesday

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide, hung self with wire in his home
165
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 168
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? ~~yes~~ No
WHAT TEST CONFIRMED DIAGNOSIS? History + Inspection
(Signed) Stanley M Hall, M. D.
7-9-, 1929 (Address) Deputy coroner

*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
Maple Hill	7-13 1929
20. UNDERTAKER	ADDRESS
Eylar Funeral Home	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.

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