

APR 30 1930

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

Do not use this space.

11390

## 1. PLACE OF DEATH

County Stone  
Township Pierce  
City Greenwood (No. \_\_\_\_\_)

Registration District No. 842  
Primary Registration District No. 4512

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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.

Floyd Edward Chamblee

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 21 1919  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 1 7

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none  
(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) Stone Co Mo

10. NAME OF FATHER J F Chamblee

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

12. MAIDEN NAME OF MOTHER Bertie May Wells

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

14. INFORMANT J F Chamblee  
(Address) Greenwood

15. FILED Mar 31 1930 Mrs Ethel Duggitt  
REGISTRAR Kear

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 28 1930

17. I HEREBY CERTIFY, That I attended deceased from March 15 to March 28 1930, that I last saw him alive on March 27, 1930, and that death occurred, on the date stated above, at 1:30 a.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchitis Pneumonia

7 (duration) yrs. mos. 8 ds.  
107A

CONTRIBUTORY (SECONDARY) measles

(duration) yrs. mos. 12 ds.

## 18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) H. L. Ferr, M. D.

3-28-30 (Address) Crane

\*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 Clearcreek Co Mo DATE OF BURIAL 3-29 30

20. UNDERTAKER W E Helton ADDRESS Crane Mo

114  
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.

