

**COMMONWEALTH OF MASSACHUSETTS  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space  
**1947**

**1. PLACE OF DEATH**

53<sup>rd</sup> County Lawrence  
Township Mt. Pleasant  
City..... (No.....)

Registration District No. 105-0  
Primary Registration District No. 5635-

File No. 1  
Registered No. 1  
St. .... Ward)

**2. FULL NAME** Virginia Marie Chandler

(a) Residence No. .... St., .... Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 4 yrs. 1 mos. 1 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) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
11 7 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work child  
(b) General nature of industry, business, or establishment in which employed (or employer) ..  
(c) Name of employer ..

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

10. NAME OF FATHER Clarence Chandler

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

12. MAIDEN NAME OF MOTHER Hurt

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

14. INFORMANT C. Chandler  
(Address) Wentworth St. No. R.F.D.

15. FILED 1/15, 1931 Milton J. Reedham  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931 to Jan 13, 1931 that I last saw her alive on Jan 13, 1931 and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Peritonitis obliterans  
Staphylococcus

115A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 115A (duration) yrs. mos. ds.

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) Leon Simmons, M. D.

1/14, 1931 (Address) Sarcopic 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

Sarcopic Cemetery Jan 16 1931

20. UNDERTAKER R. E. Thayer ADDRESS Sarcopic Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

PARENTS

1890  
1891  
1892

1893  
1894

1895

1896

1897

1898

1899

1900

+

1901

1902