MAR 23 1931

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

Do not use this space.

4575

1. PLACE OF DEATH
County Boone
Township
City Columbia (No. , St. Ward)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 29

2. FULL NAME Lourin M. Chambers.
(a) Residence. No. 115 S. 6th 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	3	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Civil Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) 198
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 2

PARENTS
10. NAME OF FATHER Joseph Chambers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

14. INFORMANT x Rachel Chambers
(Address) Hayden, Colorado

15. FILED 2/11/1931 F. C. Suggett by Selby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-10- 1931

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1930, to Feby 10, 1931 that I last saw him alive on Feby 9, 1931, and that death occurred, on the date stated above, at 12-20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hodgkin's Disease
728
(duration) 0 yrs. 12 mos. ds.

CONTRIBUTORY (SECONDARY)
(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? No.
WHAT TEST CONFIRMED DIAGNOSIS? Examination of gland
(Signed) Audrey A. Robinson, M. D.
2/10, 1931 (Address)

*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: Steamboat Springs, Colo
DATE OF BURIAL: 2/13 1931

20. UNDERTAKER: Tom McHary
ADDRESS: Columbia 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD