

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

Do not use this space.

17473

1. PLACE OF DEATH

County Cole Registration District No. 211
Township Marion Primary Registration District No. 3291
City (No. _____ St. _____ Ward _____)

2. FULL NAME

Jessie Chambers
(a) Residence. No. Route # Elton mo. 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 Female 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 Lon. M. Chambers
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 10 8
8. OCCUPATION OF DECEASED Housewife
(a) Trade, profession, or particular kind of work.
(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) Cole Co. Mo.

10. NAME OF FATHER Lisbon Wade
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cole Co. Mo.
12. MAIDEN NAME OF MOTHER Sarah J. Wyatt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo.

14. INFORMANT Ollie Chambers
(Address) Elton mo.

15. FILED 5-13-31 Ira P. Hutson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1931
17. I HEREBY CERTIFY, That I attended deceased from March 18, 1931 to May 8, 1931 that I last saw her alive on May 7, 1931 and that death occurred, on the date stated above, at 12:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Acute myocarditis (SECONDARY) (duration) _____ yrs. 1 mos. 20 ds.
18. WHERE WAS DISEASE CONTRACTED At Home
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Sputum
(Signed) A. T. Hensch M. D.
, 19 (Address) Elton 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 Elton Cemetery DATE OF BURIAL May 10 1931

20. UNDERTAKER Lawson & Turner ADDRESS J. C. Mo

JUN 25 1931

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cole Registration District No. 211 File No. _____
 Township Morrison Primary Registration District No. 0-291 Registered No. 11
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Jennie Chambers

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1931

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 - 1860

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 X 10 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) _____, M. D.
 _____, 19____ (Address) _____

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT _____ (Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19____

15. FILED 7-3 31 Wm. P. Hutson REGISTRAR

20. UNDERTAKER _____ ADDRESS _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH IN P... terms, so that it may be properly class...

S-17473