

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

Do not use this space.

41198

1. PLACE OF DEATH

County Jackson Registration District No. 202  
Township Pleasant Primary Registration District No. 1002  
City Kansas City (No. 72 C. General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 21117

2. FULL NAME

Eppa Chandler  
(a) Residence, No. 1631 Myrtle St., 12 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Ross Chandler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 9 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Reynold Clark (ADDRESS) 72 C. Gen Hosp, 72 C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodson Cem DATE Jan 2 1931

19. UNDERTAKER Ross + Henderson (ADDRESS) 15 + Jackson

20. FILED Dec 31 1931 M. M. Browne Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-30 1931, to 12-31 1931

I last saw him alive on 12-31 1931 Death is said to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

82A 82 W

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify PE Willett (Signed) \_\_\_\_\_ M. D.

(Address) Supt 72 C. Gen Hosp 72 C. 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.

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

