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.

JUN 24 1932

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

Do not use this space.

13536

1. PLACE OF DEATH

82 County Pike — Registration District No. 686 — File No.

Township Indian — Primary Registration District No. 5914 — Registered No. 7

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Martha Lou Chamberlain

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: J. G. Chamberlain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 18th 1872

7. AGE: YEARS 60 — MONTHS 3 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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): Ohio 2

FATHER

13. NAME: George Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 157

MOTHER

15. MAIDEN NAME: Margaret Monahan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 2

17. INFORMANT (ADDRESS): J. G. Chamberlain, Curryville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kilby Cemetery DATE: 4-14-1932

19. UNDERTAKER (ADDRESS): Grace - Bank Read, Bowling Green, Mo

20. FILED 4-20, 1932 T. J. Elmore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 12th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1930, to April 12th, 1932
I last saw her alive on Mar. 25th, 1932. Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:

Paralysis agitans. — Date of onset

① 936 / 873 / 930

Other contributory causes of importance:

Chronic myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings. 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? No
If so, specify .....
(Signed) James B. Biggs, M. D.
(Address) Bowling Green, Mo.