

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

Do not use this space.

23469

**1. PLACE OF DEATH**

County Moniteau

Registration District No. 575

Township

Primary Registration District No. 4339

City Tipton

(No. ....)

File No. ....

Registered No. ....

St. .... Ward)

**2. FULL NAME John Madison 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**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 12, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41      4      11

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

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Moniteau County (STATE OR COUNTRY) Missouri

13. NAME William Chambers

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

15. MAIDEN NAME Mary J. Newkirk

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

17. INFORMANT Mrs. J. M. Chambers (ADDRESS) Tipton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton (Masonic) DATE July, 25, 1932

19. UNDERTAKER Jewell E. Richards (ADDRESS) Tipton, Mo

20. FILED July 24, 1932 Mrs. Sarah F. Registrar

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 23, 1932

22. I HEREBY CERTIFY That I attended deceased from July 1, 1932, to July 23, 1932. That saw him alive on July 1, 1932. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Mitral Stenosis Date of onset

92A 92A  
Other contributory causes of importance:

Name of operation ..... 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 ..... (Signed) G. S. Wilson, M. D. (Address) Tipton

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.

AGE 25 1932

6873

