

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

Do not use this space.

34597

1. PLACE OF DEATH

114 County Wright Registration District No. 907
 Township _____ Primary Registration District No. 4548
 2 City Manfield (No. _____) St. _____ Ward _____

2. FULL NAME Edmund G. Chambers

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX W 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 Cecilia A. Chambers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 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) Nov 1921
 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leumington Mo

13. NAME Chambers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo known

15. MAIDEN NAME Mo known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo known

17. INFORMANT James C. Chambers

18. BURIAL, CREMATION, OR REMOVAL PLACE Manfield Mo DATE Oct 16 1923

19. UNDERTAKER W. H. Kiffin

20. FILED Oct 16 1923 J. F. Furson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1923

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 10³⁰ m.

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

Heart attack
95% W.D.W.

Other contributory causes of importance:

17. Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. H. Kiffin, M. D.
 (Address) Manfield 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.

NOV 29 1923

OCCUPATION

MOTHER FATHER

(5)

