

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

Do not use this space.
35664

4162

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 3700 Virginia)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mary Belle Chandler

(a) Residence, No. 3700 Virginia St. 13 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Wm. Chandler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 29, 1848</u>		
7. AGE	YEARS	MONTHS
	<u>84</u>	<u>8</u>
		DAYS
		<u>6</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	
	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) <u>Indiana</u>		
FATHER	13. NAME <u>Benedict Worland</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Joan R. Simms</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>C. W. Chandler</u> (ADDRESS) <u>3700 Virginia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill Cem.</u> DATE <u>Nov. 7, 1932</u>		
19. UNDERTAKER <u>Stines & McClure</u> (ADDRESS) <u>3225 William Place</u>		
20. FILED <u>11-7</u> 19 <u>32</u> <u>M. M. Boyle</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1932 to Nov 5 1932
I last saw h. or alive on Oct 5 1932. Death is said to have occurred on the date stated above, at P. m. 1:05
The principal cause of death and related causes of importance were as follows:
Cerebral Thrombotic occlusion Date of onset _____
g. b. s. 2 B 1
Other contributory causes of importance: Cerebral softening

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) J. J. Davis M. D.
(Address) 1010 Prof Bldg.

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

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