

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

Do not use this space.

5263

1. PLACE OF DEATH

County Douglas
 Township Walls
 City (No.)

Registration District No. 1071
 Primary Registration District No. 5398

File No.
 Registered No. 5

2. FULL NAME

Betty Jane Chandler

(a) Residence, No. Walls Township, St.

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wt. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
8 14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 13. NAME Lon R. Chandler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Edna O. Hamby
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT L. R. Chandler (ADDRESS) Ava, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Cem. DATE Feb. 28 1933

19. UNDERTAKER Neighbors (ADDRESS) Ava, Mo.
 20. FILED 2/28 1933 E. H. Warden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1933, to Feb 28, 1933

I last saw her alive on Feb 27, 1933. Death is said

to have occurred on the date stated above, at 1 a. m.

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

Date of onset

Bronchial Pneumonia Feb 21-33

11A

10A

Other contributory causes of importance:

Influenza

about Feb 17-33

Name of operation Date of
 What test confirmed diagnosis? Phys Diag 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) R. M. Norman, M. D.
 (Address) Ava Mo.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C. 20250

OFFICE OF THE DIRECTOR

MEMO

TO: SAC, ALBUQUERQUE

FROM:

SUBJECT:

RE:

ALBUQUERQUE, NEW MEXICO

DATE: 10/10/68

BY: [illegible]

FOR THE DIRECTOR:

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C. 20250

OFFICE OF THE DIRECTOR

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RE:

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DATE:

BY:

FOR THE DIRECTOR:

[illegible]

[illegible]

[illegible]

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