MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

8011

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2013

Township ..... Primary Registration District No. 1003 Registered No. 2013

City ..... (No. 5926 Hamilton Terrace St. ..... Ward)

2. FULL NAME Leroy K. Chamblin

(a) Residence; No. 3850 Penrose St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 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 (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherine A. Chamblin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-26-1861

7. AGE: YEARS 71 MONTHS 6 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Minnesota

FATHER

13. NAME: Allan T. Chamblin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Mary A. Kingsland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penna.

17. INFORMANT (ADDRESS): Catherine A. Chamblin, 3850 Penrose St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: 3-1, 1933

19. UNDERTAKER (ADDRESS): W. A. Stock Und. Co., 2117 E. Grand Blvd.

20. FILED: FEB 27 1933 Max C. Hartley, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/11, 1932, to 2/26, 1933

I last saw him alive on 2/24/33, 19..... Death is said to have occurred on the date stated above, at 2:10 A. m.

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

	Date of onset
Duodenal Carcinoma	8/11/32

Other contributory causes of importance: 463

Name of operation: none Date of ..... none

What test confirmed diagnosis? Special Symptoms Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

none

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify

(Signed) Chas P. Mohn, M. D.

(Address) 3903 Lee Ave

Dr. Edward P. Morton
3903 Lee Ave
Oxford 0642
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