

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

Do not use this space.

8490

1. PLACE OF DEATH

County Barren
Township Union
City _____ (No. _____)

Registration District No. 64
Primary Registration District No. 6701

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Misses Chancellor
(a) Residence, No. Chimney Springs mo. 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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Felix Chancellor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE 49 YEARS MONTHS 7 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nobby mo

13. NAME Felix Chancellor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp mo

15. MAIDEN NAME Mandy Allard

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

17. INFORMANT (ADDRESS) Mrs Steward (Sister) Chimney Springs mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nobby County DATE March 24, 1933

19. UNDERTAKER (ADDRESS) neighbor E. M. White Warsaw

20. FILED 3-30-1933 M. C. Watson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1933, to March 22, 1933

I last saw him alive on March 21, 1933. Death is said to have occurred on the date stated above, at 2:15 P.M.

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

Star Pneumonia Date of onset 5-12-33

Right
108 108

Other contributory causes of importance:

Aspirin

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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____

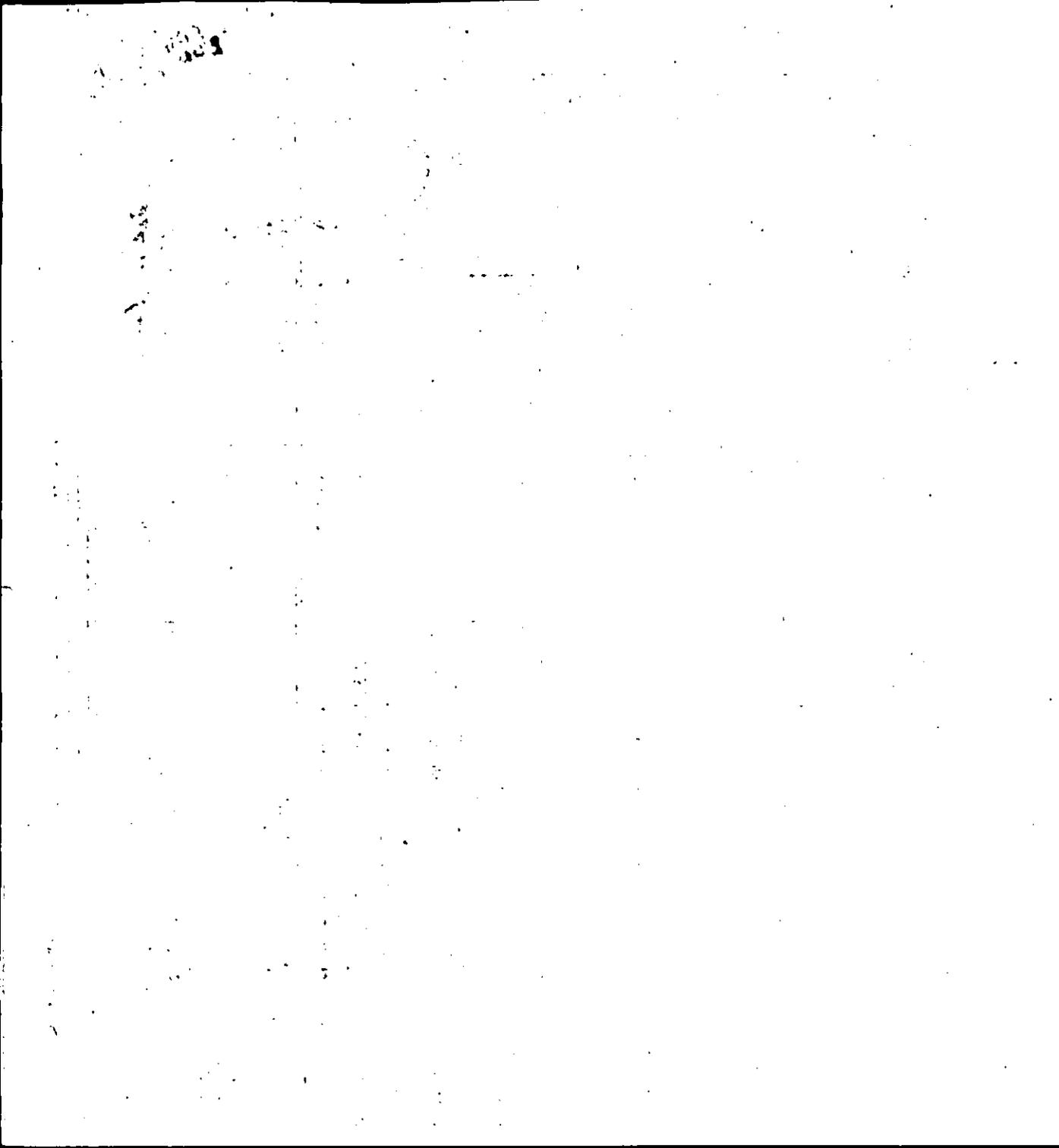
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. S. Windsor, M. D.
(Address) Chimney Springs 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.



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