

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

Do not use this space.

20723

895-

1. PLACE OF DEATH

County PLATTE Registration District No. 695
 Township _____ Primary Registration District No. 8922
 City NORTH MOIRE (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 12

2. FULL NAME

MRS. NANCY E. CHAMBERLAIN

(a) Residence, No. NORTHMOIRE, 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 6 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 OR (OR) WIFE OF <u>W. O. CHAMBERLAIN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH-31-1850</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>2</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>NONE</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-13-1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933, to June 13, 1933.
 I last saw her alive on June 12, 1933. Death is said to have occurred on the date stated above, at 7:40 P.M.

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

Cancer (Left Eye)
530
107 53
 Other contributory causes of importance:
Old age

Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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) J. J. Anderson, M. D.
 (Address) Forest Hill

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>
MOTHER FATHER
13. NAME <u>SAMUEL PUGH</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENNESSEE</u>
15. MAIDEN NAME <u>UNKNOWN</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>
17. INFORMANT <u>MRS. ROY B. JONES</u> (ADDRESS) <u>NORTHMOIRE, MISSOURI</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FOREST HILL</u> DATE <u>JUNE-15-1933</u>
19. UNDERTAKER <u>D. W. NEWCOMER'S SONS</u> (ADDRESS) <u>2111 EAST 9th ST.</u>
20. FILED <u>6-14-33</u> Registrar <u>J. J. Anderson</u>

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.

JUN 13 1933

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Parkville, Mo.

Chamber 1209