

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

Do not use this space.

24228

1. PLACE OF DEATH

County St. Francois Registration District No. 773
Township Pendleton Primary Registration District No. 6023
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 78

2. FULL NAME

unnamed Baby Chamberlain
(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11-1933</u>		
7. AGE	YEARS	MONTHS DAYS If LESS than 1 day, 4 hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	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>Pendleton Tex</u>		
FATHER	13. NAME <u>Henry Chamberlain</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Hurst</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Henry Curtis mo R 71</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Doc Run</u> DATE <u>July 11, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Laudy -</u>		
20. FILED <u>July 11, 1933</u> <u>H B Robinson</u> Registrar.		

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

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

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

159 Premature Birth (child 4 hours) Date of onset _____

(no attending physician.)

Other contributory causes of importance:

lack of no means - 8 living children & are helped by Charity Board.

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) B. J. Robinson, M. D.

(Address) _____

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.

AGE 20

1954

10

1. 1954

2. 1954

3. 1954

4. 1954

5. 1954

6. 1954

7. 1954

8. 1954

9. 1954

10. 1954