

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

Do not use this space.

33522
~~33519~~

1. PLACE OF DEATH

County Logan
Township Case
City (No.) St. Ward (.....)

Registration District No. 442
Primary Registration District No. 5618

File No.
Registered No.

2. FULL NAME

(a) Residence, No. Joseph H. Chandler St. Ward.
(Usual place of abode) Abv, Mo.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allice Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-5-1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 5 29

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

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) Loxley W. Mo.

13. NAME Willis Chandler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherr W. Mo.

15. MAIDEN NAME Mary Joseph

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. S.

17. INFORMANT Ted Stittard (ADDRESS) Chandler

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE 10/6 1933

19. UNDERTAKER Pohrer (ADDRESS) Sherr W. Mo.

20. FILED 10/6/33 1933 S. A. McComb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1933, to Oct 6, 1933

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 7 P. m.

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

Chronic Endocarditis Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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. H. Summers, M. D.

(Address) Labanon Mo

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.

20 1933

