

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.

JAN 4 1934

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

Do not use this space.

37744

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township _____ Primary Registration District No. 4471
 City Webster Groves (No. 109 Plant ave) St. _____ Ward _____

2. FULL NAME Harriet Edgell Chamberlin
 (a) Residence, No. 106 Plant St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward G. Chamberlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 - 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>86</u>	<u>-</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. at Home 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) Andover Mass.

13. NAME John Dyer Edgell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fundley Vermont

15. MAIDEN NAME Harriet Hannah Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andover Mass.

17. INFORMANT Caroline Chamberlin (ADDRESS) 106 Plant ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Hill DATE Nov 10 1933

19. UNDERTAKER Parker Land Co (ADDRESS) Webster Groves Mo

20. FILED 11/10 1933 D. P. W. Westing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1930, to Nov - 8 - 1933
 Last saw her alive on Nov - 8 - 1933. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 11/8/33
Chr. Myocarditis 1931
Arteriosclerosis
 Other contributory causes of importance:
re. Diabetes 1929
Non-specific 1933

Name of operation None Date of _____
 What test confirmed diagnosis Clinical 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) Dr. J. J. Gaudin M. D.
 (Address) 172 Lockwood St. Louis Mo

