

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

Do not use this space.

1753

FEB 27 1934

1. PLACE OF DEATH
 County Laverne Registration District No. 468
 Township _____ Primary Registration District No. 4281
 City Marionville (No. _____ St. _____ Ward _____)

2. FULL NAME Alice M 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 Female 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 James H. Chamberlain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26 1857

7. AGE YEARS 76 MONTHS 1 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Pike Co. Ill.

MOTHER FATHER
 13. NAME Benjamin Swiggert
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Rachael Steuker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Ill.

17. INFORMANT J. H. Chamberlain
 (ADDRESS) Marionville

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Marionville DATE Jan 25 34

19. UNDERTAKER Walter Swerkel
 (ADDRESS) Marionville

20. FILED Feb. 9 19 34 Leura O. Conroy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24 1934

22. I HEREBY CERTIFY, that I attended deceased from Jan. 19 1934 to Jan 24 1934
 I last saw him alive on Jan 23 1934 Death is said to have occurred on the date stated above, at 2:39 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia (deaber)
 Date of onset _____

Other contributory causes of importance:
108

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? _____
 If so, specify _____
 (Signed) W. M. A. Cahner, M. D.
 (Address) Marionville Mo

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