

608263

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 33149
City St. Louis (No. 33149) Dodge 003

File No. 6522
Registered No. 1364
St. Ward)

2. FULL NAME

Mettie Paris Chamberlain
(a) Residence, No. 35149 Dodge St., 10 Ward.

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 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 Chas H. Chamberlain
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11-1861
7. AGE YEARS 72 MONTHS 4 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, 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) St. Louis (STATE OR COUNTRY) Missouri13. NAME Alphus Goll14. BIRTHPLACE (CITY OR TOWN) Pennsylvania (STATE OR COUNTRY)15. MAIDEN NAME Mary A. Paris16. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky17. INFORMANT Mrs. R. E. Chamberlain (ADDRESS) 3521 Dodge18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Feb 8th 193419. UNDERTAKER Wagoner & Co (ADDRESS) 3621 Olive St.20. FILED EC-1104 19 34 J. F. Bredeck

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1933 to Feb 5th 1934
I last saw her alive on Feb 5th 1934 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage46E82A

Other contributory causes of importance:

Cancer of LiverName of operation none 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) R. C. Rollfing M. D.(Address) 3126 M. Grand

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.

H. S. C. [unclear]

3126 no. [unclear]
