

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

Do not use this space.

SEP 21 1934

28275

1. PLACE OF DEATH

County Bates
Township New Home
City William Chandler (No.)

Registration District No. 53
Primary Registration District No. 0080
5004

File No.
Registered No. 40
St. Ward)

2. FULL NAME

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1849 May 31</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>4</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>13</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>		
13. NAME <u>William Chandler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>		
15. MAIDEN NAME <u>Elizabeth Purgeson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>		
17. INFORMANT <u>Betty Perry</u> (ADDRESS) <u>Butler, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Morris Cemetery</u> DATE <u>8-10</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Worth & Pugh</u> <u>57 South 7th St</u>		
20. FILED <u>Aug 10</u> 19 <u>34</u> <u>Chas. J. Allen</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1934 to July 27 1934
I last saw him alive on July 27 1934 Death is said to have occurred on the date stated above, at 69 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Chronic Nephritis
Other contributory causes of importance:
Chronic Nephritis
Chronic Nephritis

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 Cute & Lutes, M. D.
(Signed) Bates, Mo.
(Address)

WIFE PEAINLY, 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.

