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.

APR 27 1935

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

Do not use this space.

8864

1. PLACE OF DEATH

40 County Gundy — Registration District No. 328 — File No.

4 Township — Primary Registration District No. 3017 — Registered No.

City Trenton (No. ..... St. ..... Ward)

2. FULL NAME Wilbur L. Chandler

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? .. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23-1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31	2	10	

18 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railway Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) C. R. J. + P. Ry

(c) Name of employer

1 9. BIRTHPLACE (CITY OR TOWN) Trenton

(STATE OR COUNTRY) Gundy Co. Missouri

2 PARENTS

10. NAME OF FATHER John Chandler

1 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Wayne Co Iowa

12. MAIDEN NAME OF MOTHER Oliva Lamme

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Trenton

(STATE OR COUNTRY) Gundy Co. Missouri

14. INFORMANT John Chandler

(Address) Trenton Missouri

15. FILED 3-4, 1935 Irene D Fair REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1935

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1935, to March 3, 1935 that I last saw him alive on March 2, 1935, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

12.8

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical only

(Signed) C H Cullers, M. D.

3-4, 1935 (Address) Trenton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Maple Grove - Trenton Mo	Mar 5 1935
20. UNDERTAKER	ADDRESS
Bern C. Davis #3216	Trenton Mo