

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

Do not use this space.

NOV 25 1935

1. PLACE OF DEATH

County Jackson Registration District No. 404
 Township Washington Primary Registration District No. 555A
 City Kansas-City (No. Armour Memorial Home St. _____ Ward _____)

File No. 29810
 Registered No. 54

2. FULL NAME

George C. Chambers

(a) Residence, No. Armour Memorial Home 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 2, 1855</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>9</u>	DAYS <u>21</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Floor walker Jones</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Store Co.</u>
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) Missouri

FATHER 13. NAME John H. Chambers

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Judith Clayton

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Armour Memorial Home Records
 (ADDRESS) 81st + Wornall Road

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill Cemetery DATE 9/25 1935

19. UNDERTAKER Shine & McClure
 (ADDRESS) 3235 Gillham Place

20. FILED 9-24 1935 Fred R. Fisher
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to Sept 23 1935
 I last saw h.i.m. alive on Sept 23 1935 Death is said to have occurred on the date stated above, at P. m. 9.58
 The principal cause of death and related causes of importance were as follows:

Date of onset
Pron
Pernicious Anaemia. ?
 Other contributory causes of importance:
MA
Hypostatic pneumonia 9-20-35

Name of operation..... Date of.....
 What test confirmed diagnosis? Lab 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 FBWA clear
 (Signed) 703 Hallway Bldg. M. D.
 (Address).....

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.

