

DEC 18 1935

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

Do not use this space.

35626

1. PLACE OF DEATH

39 County Dickall Registration District No. 258
Township Washington Primary Registration District No. 5300 a
City Washington (No.) St. Ward

File No. Registered No. 11

2. FULL NAME

George N. Chambers
(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Chambers</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-17-1850</u>				
7. AGE	YEARS <u>85</u>	MONTHS <u>2</u>	DAYS <u>22</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>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Buchanan County Mo13. NAME George Chambers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
not known17. INFORMANT Albert Chambers
(ADDRESS) Clarkdale Mo

18. BURIAL, CREMATION OR REMOVAL

PLACE Montgomery DATE 11/12 193519. UNDERTAKER J. G. ...
(ADDRESS) Stamfordsville Mo20. FILED 11/11 1935 Mrs C. M. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10 193522. I HEREBY CERTIFY, That I attended deceased from 11-10-1935 to 11-10-1935I last saw him alive on 11/10 1935. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Thromblysis - Right

Other contributory causes of importance

Name of operation Date of What test confirmed diagnosis clinical Was there an autopsy? No23. 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? NoIf so, specify (Signed) G. F. Perissin, M. D.(Address) Clarkdale Mo

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.

