

JAN 23 1936

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

Do not use this space.

36341

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Rau Primary Registration District No. 1002
City Kansas City (No. 35)

File No. _____
Registered No. 4570
St. _____ Ward _____

2. FULL NAME

Kent Kane Chambers
(a) Residence, No. 35-5-2 Broadway St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18, 1858

7. AGE YEARS 77 MONTHS 8 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
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) Dover, Mo (STATE OR COUNTRY)

FATHER 13. NAME Pascal Stickman Chambers

14. BIRTHPLACE (CITY OR TOWN) Louisville, Ky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Wallace

16. BIRTHPLACE (CITY OR TOWN) Jackson Co., Mo (STATE OR COUNTRY)

17. INFORMANT P. Chambers (ADDRESS) 3624 Holmes

18. BURIAL, CREMATION, OR REMOVAL PLACE Edenwood DATE Dec 31st 1935

19. UNDERTAKER Stine + McClure Und Co. (ADDRESS) 3235 Sullivan Plaza

20. FILED 12/2 1935 M. M. Arson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1934 to 11/29 1935.

I last saw him alive on 11/29/1935 Death is said to have occurred on the date stated above, at 12:20 P.M.

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

Adeno-carcinoma of lungs. Primary origin undetermined. Date of onset _____

Other contributory causes of importance _____

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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 _____

(Signed) [Signature], M. D.

(Address) 1124 Prof. Bldg

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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Main body of handwritten text, consisting of several lines of cursive script. The text is extremely faint and difficult to decipher, but appears to be a continuous paragraph or list of entries.

A vertical line of text or a signature at the bottom left corner of the page.