

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

Do not use this space.

DEC 19 1935

36744

1. PLACE OF DEATH

County Miss.  
Township  
City East Prairie (No. ....)

Registration District No. 5267  
Primary Registration District No. 4334

File No. ....  
Registered No. 84  
St. .... Ward)

2. FULL NAME

Hugh Byron Chandler

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 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) Feb 17-1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
4 8 25

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not Child

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) (STATE OR COUNTRY) East Prairie Mo

FATHER

13. NAME Ronald Chandler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Grace Bowman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Grace Chandler East Prairie Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE R.I.W. DATE Nov 15 1935

19. UNDERTAKER (ADDRESS) Wm. Shelby East Prairie Mo

20. FILED Nov 14 1935 Dr. J. M. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Nov 12, 1935.  
I last saw him alive on Nov 12, 1935. Death is said to have occurred on the date stated above, at 9 A. m.  
The principal cause of death and related causes of importance were as follows:

acute Haemorrhage of Nephritis.

Other contributory causes of importance:

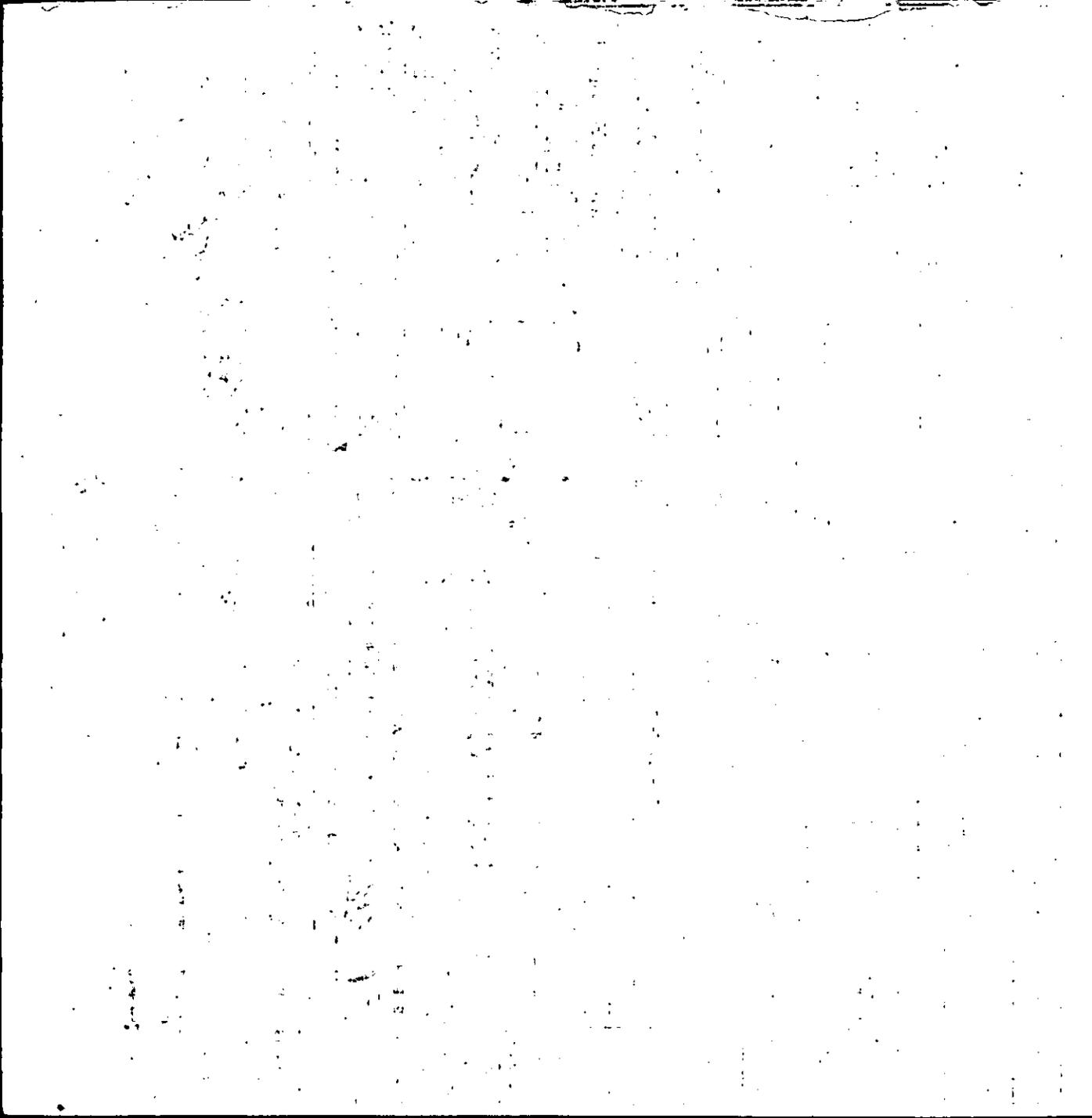
Name of operation MO Date of operation

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 Dr. Martin  
(Signed) Dr. Martin, M. D.  
(Address) East Prairie Mo



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

ALL INFORMATION CONTAINED  
 FOR MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Miss  
 Township  
 City Empire (No. ....)

Registration District No. 567  
 Primary Registration District No. 4334

File No. ....  
 Registered No. ....  
 St. .... Ward

**2. FULL NAME**

Hugh Byron Chandler

(a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
4 8 25

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19...

19. UNDERTAKER (ADDRESS)

20. FILED Nov 14 1936 Duff M. Hedges Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... , 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Acute Hemorrhage  
of the brain  
Death  
 Date of onset

Other contributory causes of importance:

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?..... (If 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) S. C. Martin, M. D.  
 (Address) Empire

SUPPLEMENT

S-36744