APR 23 1936

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

Do not use this space.

10829

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1503

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 5500 Tracy St. Ward)

2. FULL NAME Thomas Williams Chambliss

(a) Residence, No. 5500 Tracy St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12, 1866

7. AGE: YEARS 70 — MONTHS 0 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Managing Editor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hutchison Record

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): Maryland

FATHER

13. NAME: Dr. J. E. Chambliss

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

MOTHER

15. MAIDEN NAME: L. Gwin

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

17. INFORMANT (ADDRESS): Miss Laviece Chambliss, 5500 Tracy

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE Mar. 21, 1936

19. UNDERTAKER (ADDRESS): Gates Funeral Home, Kansas City, Missouri

20. FILED Mch 20, 1936 M. M. Crown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 18, 1936 to Mch 19, 1936

I last saw him alive on Mch 19, 1936. Death is said to have occurred on the date stated above, at 1:00 m.

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

Bronchi Pneumonia — Date of onset

11 a

Other contributory causes of importance:

Fever

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? (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) [illegible]

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.