

DEC 20 1936

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

Do not use this space.

41189

File No. ....  
Registered No. 4802  
St. .... Ward)

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Blair Primary Registration District No. 1002  
City H. C. Mo (No. 4906 Holly)

## 2. FULL NAME

Mary Harbison Chamberlain  
(a) Residence, No. 4906 Holly 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>Female</u>	4. COLOR OR RACE <u>Wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jerre H. Chamberlain</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/3/1864</u>			
7. AGE	YEARS <u>71</u>	MONTHS <u>10</u>	DAYS <u>28</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>at home</u>		
	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) <u>Kentucky</u>			
FATHER	13. NAME <u>James Harbison</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
MOTHER	15. MAIDEN NAME <u>Mary Ann Hanna</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>H. V. Campbell</u> (ADDRESS) <u>4906 Holly St</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>11-2</u> 19 <u>36</u>			
19. UNDERTAKER <u>Stine-McClure</u> (ADDRESS) <u>H. C. Mo</u>			
20. FILED <u>Nov. 2</u> 19 <u>36</u> <u>M. M. Brown</u> Registrar.			

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 1st</u> 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>March 5,</u> 19 <u>34</u> , to <u>Nov 1,</u> 19 <u>36</u> I last saw her alive on <u>Oct 31,</u> 19 <u>36</u> . Death is said to have occurred on the date stated above, at <u>10:30</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Arterio-Nephro-sclerosis</u> Date of onset <u>with uraemia</u>
Other contributory causes of importance: <u>None</u>
Name of operation <u>None</u> Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify .....
(Signed) <u>James A. Chamberlain</u> (Address) <u>1124 Professional Bldg</u>

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.

Prof. 10000 -  
12 cells,