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

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.

JAN 19 1937

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

Do not use this space.

43361

File No.

Registered No. 444

1. PLACE OF DEATH

County: Ste. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248 B

City: Jefferson Barracks (No. Veterans Hosp. St. Ward)

2. FULL NAME William McKinley Chambers

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	colored	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 25, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	39	11	29	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): unkwn

11. Total time (years) spent in this occupation: unkwn

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maunie, Illinois

FATHER

13. NAME: unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unavailable, unavailable

MOTHER

15. MAIDEN NAME: unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unavailable, unavailable

17. INFORMANT (ADDRESS): M. Schilly, Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Carmi, Ill. DATE: Nov. 25, 1936

19. UNDERTAKER (ADDRESS): Watton + Stein, Carmi, Ill. (Walton)

20. FILED: Nov 24, 1936 — J. Mowry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1935, to November 24, 1936

I last saw him alive on November 24, 1936. Death is said to have occurred on the date stated above, at 2:00 a.m.

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

	Date of onset
Myocarditis, chronic, congestive type of heart failure	unkwn

Other contributory causes of importance: none

Name of operation: none — Date of:

What test confirmed diagnosis? phy. exam. clin. manifestations laboratory — Was there an autopsy? No.

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) J. HUGHES, Chief Medical Officer, M. D.

(Address) Jefferson Barracks, Mo.

Miss [illegible]
9441 [illegible]