

FEB 17 1937

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

Do not use this space.

2003

## 1. PLACE OF DEATH

4 County Lafayette Registration District No. 461  
Township Lexington Primary Registration District No. 5625  
City (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2

Registered No. \_\_\_\_\_

2. FULL NAME Emma C. Chambers

(a) Residence, No. \_\_\_\_\_ 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1937 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M.A. Chambers22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1936 to Jan. 7, 1937I last saw her alive on Jan. 2, 1937 Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1863to have occurred on the date stated above, at 4 P.m.7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 1 8

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At homeHemorrhage into Brain Date of onset \_\_\_\_\_9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
High blood pressure12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin, MO.13. NAME Thomas CampbellName of operation letting out blood Date of Dec 25, 193614. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Milanda Snowden

23. If death was due to external causes (violence) fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. MO.Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

17. INFORMANT M.A. Chambers  
(ADDRESS) Lexington, Mo.

(Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lexington, Mo. DATE Jan. 9, 1937

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

19. UNDERTAKER Winkler  
(ADDRESS) Lexington, Mo.24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

20. FILED Jan. 9, 1937 Faye B. Bates  
Registrar.(Signed) J. B. Cope, M. D.(Address) Lexington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

