APR 21 1937

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

Do not use this space.

12386

1. PLACE OF DEATH
County Laclede
Township Gasconade
City Gasconade (No. ..... St. ..... Ward)

Registration District No. 453
Primary Registration District No. 5619

File No. .....
Registered No. 17

2. FULL NAME Wanda June 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

3. SEX: 2
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1934

7. AGE: YEARS 2 | MONTHS 4 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Laclede Co. Mo.

FATHER
13. NAME Alfred Chambers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co. Mo.

MOTHER
15. MAIDEN NAME Mary Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co. Mo.

17. INFORMANT (ADDRESS) Alfred Chambers Falcon Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE New Hope DATE 3/11 1937

19. UNDERTAKER (ADDRESS) W. E. Holman Lebanon Mo.

20. FILED 3-11 1937 E. R. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1937, to 3-9, 1937
I last saw her alive on 3-8, 1937. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

Diphtheria

Date of onset

Other contributory causes of importance: 10

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? no
If so, specify .....
(Signed) J. H. Summers, M. D.
(Address) Lebanon Mo

Summers

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.