

22 1937

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

Do not use this space.

12542

1. PLACE OF DEATH
County McDonald Registration District No. 315
Township Prairie Primary Registration District No. 5687
City Southwest City Mo #1 St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME William Spencer Chancellor
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Chancellor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11th 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11th, 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct 6th 1936, 19____, to Oct 11th 1936
I last saw him alive on Oct 11th 1936. Death is said to have occurred on the date stated above, at 12.56 P.M.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Date of onset _____

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming & Stock Raising
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10 days Life

Other contributory causes of importance:
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Arkansas

MOTHER FATHER
13. NAME Patrick Henry Chancellor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER FATHER
15. MAIDEN NAME Mary Ann Trickett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Ida Chancellor
Southwest City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Goodman Missouri DATE Oct 12th 1936

19. UNDERTAKER (ADDRESS) Williams Funeral Home
Goodman Missouri

20. FILED 10/14, 1936 John J. Nichols Registrar.

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) W. S. Poyner, M. D.
(Address) Southwest City Mo

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.

