

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

Do not use this space.

1. PLACE OF DEATH **NOV 18 1937**
 County Jackson Registration District No. 399
 Township Law Primary Registration District No. 100
 City Kansas City (No. 623 E, 14th) St. _____ Ward _____
 2. FULL NAME Emma Chamberlain
 (a) Residence, No. 623 E 14th 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.

File No. 36583
 Registered No. 1012
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 W J Chamberlain
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10-1858
 7. AGE YEARS 78 MONTHS 3 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
 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) Va.
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT W J Chamberlain
 (ADDRESS) 623 E-14th St
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Funeral Home DATE Oct 7 1937
 19. UNDERTAKER Rose Henderson
 (ADDRESS) 15 Jackson
 20. FILED Oct 6 1937 M M Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1937
 22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1937 to Oct 5 1937
 I last saw her alive on Oct 4 1937 Death is said to have occurred on the date stated above, at 9:25 m.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis (Date of onset) _____
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 Other contributory causes of importance:
Pneumo-pneumonia 10/3/37
 Name of operation none Date of _____
 What test confirmed diagnosis? Physical exam 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) Solomon S. Larson M. D.
 (Address) 1237 Professional Bldg, KCMO

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.

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