JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Howard
Township:
City: New Franklin (No. ..... St. ..... Ward)

Registration District No. 380
Primary Registration District No. 4224

File No. 45528
Registered No. 35

2. FULL NAME Lulu Irene Chancellor

(a) Residence, No. New Franklin St., ... Ward.
(Usual place of abode) Mo. (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15-1861

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Dec. 37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co.

FATHER
13. NAME John R. Chancellor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Katherine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT L. L. Chancellor
(ADDRESS) New Franklin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarks Chapel DATE 12/27/37 19

19. UNDERTAKER C. S. Mennem
(ADDRESS) New Franklin, Mo.

20. FILED 12-27-1937 J. B. Lee Registrar.
By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25/37 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1937 to Dec 25, 1937
I last saw her alive on Dec 22, 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	unknown
Coronary occlusion	

Other contributory causes of importance:
Congenital dislocation of hip

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) L. L. Chamberlain, M. D.
(Address) New Franklin, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD