

JAN 24 1938

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

Do not use this space.

689 1

46386

1. PLACE OF DEATH

County Pike
Township Buffalo
City Beaulieu (No. Pike Co Hospital)

Registration District No.
Primary Registration District No. 3033

File No.
Registered No.
St. Ward)

2. FULL NAME

James Aaron Chamberlain
(a) Residence No. Beaulieuessen, Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE-MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or, min.
<u>71</u>	<u>8</u>	<u>14</u>		

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.

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) Pike Co, Mo 1

13. NAME J. W. Chamberlain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co, Mo 1

15. MAIDEN NAME Sarah M. Pike

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co, MO

17. INFORMANT J. A. Chamberlain
(ADDRESS) Beaulieuessen mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concord DATE Dec. 9 37

19. UNDERTAKER W. B. E. Moore
(ADDRESS) Beaulieuessen mo

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-37

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to 12-7-37

That saw him alive on 12-7-37, 1937 Death is said to have occurred on the date stated above, at 10:50 a.m.

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

Chronic myocarditis
Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Pulmonary tuberculosis

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. B. E. Moore, M. D.

(Address) Beaulieuessen mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

46386

Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
 (b) Township _____ Primary Registration District No. 3033 Registered No. _____
 (c) City Louisiana (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Aaron Chamberlain
 (a) Residence, No. _____ St. (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) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7 1937

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

22. I HEREBY CERTIFY, That I attended deceased from June to 12-7, 1937
 I last saw her alive on 12-7, 1937 Death is said to have occurred on the date stated above, at 10:40 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-24-1866

The principal cause of death and related causes of importance were as follows:
Chronic Myo Carditis
Coronary Thrombosis
 Date of onset _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 8 14

Other contributory causes of importance:
Pulmonary Tuberculosis

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Pike Co Missouri

FATHER 13. NAME J. W. Chamberlain

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

MOTHER 15. MAIDEN NAME Sarah Pike

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT (ADDRESS) J. A. Chamberlain
Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord DATE Dec 9 1937

19. FUNERAL DIRECTOR (ADDRESS) W. B. Elmore
Bowling Green Mo

20. FILED 12/8 1937 B. C. K...
 Local 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) J. H. Wilcofen, M. D.
 (Address) Bowling Green Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

