

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County *De Kalb*Registration District No. *258*Township *Washington*Primary Registration District No. *5360 A*City *Clayton* (No.)File No. *6595*Registered No. *3*

St. Ward)

2. FULL NAME *William Chambers* *516*

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Male white married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Jaura Bell Chambers

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

Oct 22 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*74**4**2*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Depot Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Railroader

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Life

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

Jama

13. NAME

unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

15. MAIDEN NAME

Laughlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

17. INFORMANT (ADDRESS)

Jaura B Chambers

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Funeral Home* DATE *2-28 1938*

19. UNDERTAKER (ADDRESS)

John G. Brown

20. FILED

*Feb 25 1938**Mrs C M Davis*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/25 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 1937*, to *2-25-1938*I last saw him alive on *2/25/38*, 19... Death is saidto have occurred on the date stated above, at *56* m.

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

*Lobar Pneumonia*Date of onset *2-21-38*

Other contributory causes of importance:

*Cancer of prostate**1936*Name of operation *None* Date ofWhat test confirmed diagnosis? *Clin* Was there an autopsy? *Yes*

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) *D. J. Verbins* !, M. D.233 (Address) *Clayton, Mo.*

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.

