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.

REC'D MAY 6 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Saint Louis
Township Carondelet
City ~~Jefferson Barracks~~ (No. U. S. Veterans Hospital St. Ward)
Registration District No. 784
Primary Registration District No. 200
File No. 15913
Registered No. 754

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2. FULL NAME Burnie L. CHAMBERS 516
(a) Residence, No. St., Ward. Box 22, Lilbourn, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. yrs. mos. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 15, 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
43	4	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Marshall
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) Sept. 1937
11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton, Kentucky

FATHER
13. NAME John Chambers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Kentucky

MOTHER
15. MAIDEN NAME Cora Higgins,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Kentucky

17. INFORMANT (ADDRESS) Clinical Clerk, VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lilbourn, Mo. DATE April 26, 1938

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. B'way, St. Louis, Mo.

20. FILED 2-26 1938 T R Meyer M D Dr P. H Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938 to April 26, 1938
I last saw him alive on April 26, 1938. Death is said to have occurred on the date stated above, at 1:30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bronchogenic with multiple metastasis.	Unkn.

Other contributory causes of importance: None

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Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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) C. W. HUGHES, Chief Med. Officer, M. D.
707 (Address) VAF Jefferson Barracks, Mo.

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