

REC'D JUN 8 1938

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

18648

Do not use this space.

1. PLACE OF DEATH

(a) County Toledo Registration District No. 449
(b) Township Lebanon Primary Registration District No. 4267 Registered No. _____
(c) City Lebanon (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

Nelson Chambers 516
(a) Residence, No. 911 EAST MAINE St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE 1 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
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) Paris Tex 1

13. NAME Mont Chambers 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo S 9

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1-1

17. INFANT (ADDRESS) Adel Henry
403 Olive Street Puller Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Mo. DATE May 4 - 1938

19. FUNERAL DIRECTOR (ADDRESS) Palmer
Lebanon

20. FILED 5-5-38 J. A. McCoub Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. James dead alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5 P. m.

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

Heart Disease

Date of onset

N M O

Other contributory causes of importance: AS

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? 4

If so, specify _____

(Signed) S. P. Palmer (Coroner)

404 (Address) Lebanon Mo.

