REC'D AUG 8 1938

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

Do not use this space.

24275

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: K.C. Mo (No. 3 N. Wayne Boy St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 2780

2. FULL NAME James E. Chandler
(a) Residence, No. 7201-6 Highway St. Cleveland Park Kans. (If nonresident, give city or town and State)
(Usual place of abode)
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.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Julia E. Chandler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28-1868

7. AGE: Years 70 Months 0 Days 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Indiana

FATHER
13. NAME: M. E. Chandler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Sarah Bradley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs Julia E. Chandler Cleveland Park Kans

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Chinkwoodson DATE: July 12, 1938

19. UNDERTAKER (ADDRESS): Rose & Sebastian K.C. Mo

20. FILED 7-11, 1938 M. M. Crouch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1937, to July 9, 1938
I last saw him alive on July 6, 1938. Death is said to have occurred on the date stated above, at 12 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive myocardial disease	
Cardiac failure	Sept 1937
Nephrosclerosis	

Other contributory causes of importance:
Syphilis aortitis

Name of operation: Date of:
What test confirmed diagnosis? 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?
If so, specify
(Signed) Frank E. Gill, M. D.
(Address) Cleveland Park, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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