

1938 OCT 21

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32325
Do not use this space.

1. PLACE OF DEATH

(a) County Howard
(b) Township _____
(c) City Franklin,
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 380
Primary Registration District No. 4224
(d) Street No. Home in Franklin,

Registered No. 21
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Minnie O. Chandler 534
(a) Residence, No. Franklin, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe S. Chandler

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1938 to Sept. 25, 1938
I last saw her alive on September 24, 1938. Death is said to have occurred on the date stated above, at 4.25 A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1874
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 0 18

Encephalitis Lethargica. Date of onset 9-10-38

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Sept. 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo. 0

Other contributory causes of importance: none

FATHER 13. NAME Walter Gilmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Nancy Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Exie Taylor New Franklin, Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? clin Was there an autopsy? no

18. BURIAL, CREMATION, OR REMOVAL PLACE Clark Chapel DATE Sept. 27, 1938

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.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. J. Meester Boonville Mo

Manner of injury _____
Nature of injury _____

20. FILED 9-26-38 Clara T. Randrom Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W.H. Ziegler M. D.
Boonville Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. A 2 should be stated EARLY. PHYSICIAN'S SIGNATURE STATE

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/15/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, L. J. Me
....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.