

REC'D OCT 21 1938

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

Do not use this space.

32498

1. PLACE OF DEATH

County Jaeger
Township McDonald
City (No. _____) _____

Registration District No. 419
Primary Registration District No. 5573

File No. _____
Registered No. _____

2. FULL NAME

William Oscar Chandler
(a) Residence, No. Seneca R.R. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frances Chandler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-17-1876</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>6</u>
		<u>4</u>
	If LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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)
Frankford Pa.13. NAME
Carl Thomas Chandler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
unknown15. MAIDEN NAME
Nancy Sweeney16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
unknown17. INFORMANT (ADDRESS)
M. W. Cochran
La Russell Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Cave Springs DATE 9-23-193819. UNDERTAKER (ADDRESS)
Wm. L. Kerion
Mo.20. FILED Sept 24, 1938 Mrs. W. A. Hall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to 9-21, 1938Last saw him alive on 9-20, 1938. Death is said to have occurred on the date stated above, at 11 A.M.The principal cause of death and related causes of importance were as follows:
Went out of Jan 38 -Pulmonary Tuberculosis Date of onset _____Other contributory causes of importance:
Galton's pneumonia

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? _____

If so, specify _____ (Signed) M. W. Cochran M. D.(Address) La Russell Mo.

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.

W. York

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 10-20-38