

REC'D DEC 19 1938

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

38934
Do not use this space.

1. PLACE OF DEATH *Blay* 2
 (a) County *Blay* Registration District No. *201*
 (b) Township *Liberty* Primary Registration District No. *5780*
 (c) City *Liberty* (d) Street No. *3012* Registered No. *90* St.
 (e) Length of residence in city or town where death occurred *5* yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *Albert Chambers*
 (a) Residence, No. *309 S. Leonard* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Sella Chambers*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 31-1861*
 7. AGE YEARS *77* MONTHS *2* DAYS *28* If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retiree*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Farmer*
 10. Date deceased last worked at this occupation (month and year) *15* 11. Total time (years) spent in this occupation *40*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Garnett, Kan*
 FATHER 13. NAME *John Chambers*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*
 MOTHER 15. MAIDEN NAME *Jemima McDaniel*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Leotland, Mo*
 17. INFORMANT (ADDRESS) *Chas. Chambers, Hutchinson, Kan.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Coccola, Mo.* DATE *Nov 27-38*
 19. FUNERAL DIRECTOR (ADDRESS) *Church - Archer, Liberty, Mo.*
 20. FILED *11/27 8 27 Brant* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 25, 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *Feb. 6, 1938, to Nov 25, 1938.*
 I last saw him alive on *Nov 25, 1938* Death is said to have occurred on the date stated above, at *6:30 p.m.*
 The principal cause of death and related causes of importance were as follows:
General Atherosclerosis
 Date of onset *1928*
 Other contributory causes of importance: *99*
 Name of operation *none* Date of *none*
 What test confirmed diagnosis *clinical* 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? *no*
 If so, specify
 (Signed) *Walter M. Malby* M. D.
 (Address) *Liberty, Mo.*

WRITE CLEARLY, WITH GRADING 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.

RECEIVED
District Health Officer No. 8
District File Number
12/8/38
the Filed

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)