REC'D JAN 20 1939

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

Do not use this space.

2

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No. 42191

Township SAHRiver — Primary Registration District No. 3002 — Registered No. 163

City Mexico Mo (No. 816-S Trinity St. Ward)

2. FULL NAME John Chambers

(a) Residence, No. 816 S. Trinity St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Missouri Chambers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-23-1859

7. AGE: YEARS 79 — MONTHS 2 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gen Labor
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: Lift

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Callaway O

FATHER

13. NAME: John Chambers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Slyvia (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Emid Chambers, Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fox Wood Cemetery DATE: 12-26 1938

19. UNDERTAKER (ADDRESS): A. L. Raynolds, Mexico Mo

20. FILED: Dec 26 1938 Blanche Neely, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-24-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-4-, 1938, to 12-24-, 1938

I last saw him alive on 12-24-, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Carcinoma ? Lung.

Date of onset

Other contributory causes of importance: 47

Name of operation: — Date of

What test confirmed diagnosis? — 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) H. J. Ector, M. D.

23 (Address) Mexico 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.

SUM-10-22-38 I X9314

RECEIVED
District Health Officer No. 10
District File Number 10-38-836
Date Filed 1/17/39