DEC 14 JAN 24 1939

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

Do not use this space.

43756

1. PLACE OF DEATH

County Marion 2 — Registration District No. 547 — File No.

Township Mason — Primary Registration District No. 3029 — Registered No. 328

City Hannibal (No. 1408 Walnut St. 4 Ward)

2. FULL NAME Henry William Chandler

(a) Residence, No. 1408 Walnut St., Ward. (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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Georgia B.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1896

7. AGE: YEARS 42 — MONTHS 4 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
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) Missouri

FATHER
13. NAME John Chandler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County MO

MOTHER
15. MAIDEN NAME Lula Crowford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County MO

17. INFORMANT (ADDRESS) Georgia B. Chandler 1408 Walnut Hannibal MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview Burial Park DATE Dec. 11th 1938

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal MO

20. FILED Dec 14 1938 W C Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 9th - 1938

22. I HEREBY CERTIFY, That I attended deceased from ✓, 19..., to ✓, 19...

I last saw h ✓ alive on ✓, 19... Death is said to have occurred on the date stated above, at 6.35 a.m.

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

Coronary Thrombosis — Date of onset

94 B

Other contributory causes of importance:

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?

If so, specify ✓

(Signed) James O'Donnell Coroner of Marion County MO M.D.

(Address) Hannibal 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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