DEC'D FEB 24 1939

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

Do not use this space.

1. PLACE OF DEATH
County: Madison
Township: Quest
City: (No. ..... St. ..... Ward)

Registration District No. 538
Primary Registration District No. 5729

File No. 3008
Registered No. 4

2. FULL NAME 516 Mary E Chamberlain

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

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Chamberlain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 9 - 1871

7. AGE: Years 68 Months 3 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Constant
11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Francois Co Mo

FATHER

13. NAME: Jas Black
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Catherine Chapman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Lula Matthews Knob Lick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Knob Lick Mo DATE: 1 - 17 1939

19. UNDERTAKER (ADDRESS): Nridert Co. Farmington Mo

20. FILED: Jan 17 1939 S. A. Glanaldt M.D. Registrar. By C. A. Schwanen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Jan 15 1939

I last saw her alive on Oct 1 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:

	Date of onset
Chronic Brights disease	1937
21	

Other contributory causes of importance: Arterio Schrosis with Valvular heart lesions

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? No
If so, specify .....
(Signed) W Harry Barron, M. D.
(Address) Fredericktown 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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.