

REC'D MAR 17 1939

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

7095
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
(b) Township..... Primary Registration District No. 302b Registered No.....
(c) City Chillicothe (d) Street No. Chillicothe Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Wilton Chamberlin

(a) Residence, No. 334 Mansur St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired from
9. Industry or business in which work was done, as saw mill, bank, etc. Transfer Business
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Parson
(STATE OR COUNTRY) Illinois

FATHER 13. NAME Noah Chamberlin

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois

17. INFORMANT Gene Chamberlin
(ADDRESS) 334 Mansur-Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Meadville, Mo. DATE 2-14, 1939
Cemetery

19. FUNERAL DIRECTOR (ADDRESS) Frank B. Norman
Chillicothe, Missouri

20. FILED 2-14, 1939 Donald M. Dowell, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939, to Feb. 12, 1939.
I last saw him alive on Feb. 17, 1939. Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

Gastric Ulcer

Date of onset
1938

Other contributory causes of importance: 117 B.

Name of operation..... Date of.....
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) A. Faller..... M. D.
Chillicothe, Mo. (Address)

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.

100-10000

District Health Officer No. 11;

District File Number 39-11

Date Filed 3-7-39

STATEMENT BY LICENSED EMBALMER

I, Elton F. Norman, Licensed Embalmer No. 4036

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me and E. R. Norman

(2374) L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

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.)