

REC'D APR 17 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson Registration District No. 358  
Township KAW Primary Registration District No. 1002  
City Kansas City, Mo. (No. General Hospital St.                      Ward)                     

9628

File No.                       
Registered No. 12342. FULL NAME 516 Mrs. Eleanor Webbie Chambers

(a) Residence, No. 4310 E 9th St. St.                      Ward.                       
(Usual place of abode) (If nonresident, give city or town and State)

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 Female	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 Joseph Chambers		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/20/1877		
7. AGE	YEARS	MONTHS
	61	9
		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. Housewife
	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) Bloomington, Ill.  
(STATE OR COUNTRY)13. NAME Josiah Chorn14. BIRTHPLACE (CITY OR TOWN) No record  
(STATE OR COUNTRY)15. MAIDEN NAME Rebecca Quinsberry16. BIRTHPLACE (CITY OR TOWN) Ky.  
(STATE OR COUNTRY)17. INFORMANT Joseph Chambers  
(ADDRESS) 4310 E 9th St.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Floral Hills DATE 3/22/3919. UNDERTAKER Sheil Funeral Home  
(ADDRESS) 6606 Indep. Ave.20. FILED Mar 21, 1939 M. M. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-39, 19

22. I HEREBY CERTIFY That I attended deceased from

                     to                     , 19I last saw                      alive on                     , 19to have occurred on the date stated above, at                      9:23 PM. Death is saidto have occurred on the date stated above, at                                          .

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

Date of onset

Rheumatic heart diseaseMitral stenosisAcute pulmonary edema

Other contributory causes of importance:

  Name of operation                      Date of                     What test confirmed diagnosis?                      Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?                      Date of injury                     , 19Where 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)                      M. D.(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.

