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.

REC'D JUN 14 1939

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

Do not use this space.

19611

File No.

Registered No. 67

Registration District No. 757

Primary Registration District No. 3036

1. PLACE OF DEATH
County St Charles
Township
City St Charles (No. , St. Ward)

2. FULL NAME Filey Mae Chandler

(a) Residence, No. St Joseph Hosp. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1939

7. AGE: Years | Months | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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 0 0

12. BIRTHPLACE (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Missouri

FATHER

13. NAME John Abraham Chandler
14. BIRTHPLACE (CITY OR TOWN) Bristol
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mumphard
16. BIRTHPLACE (CITY OR TOWN) Silex
(STATE OR COUNTRY) Missouri

17. INFORMANT John Chandler
(ADDRESS) Troy Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alexander Cem. DATE May 9, 1939

19. UNDERTAKER Wayne McCoy
(ADDRESS) Troy Mo.

20. FILED 5/8, 1939 Clarence H. Wessler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1939, to May 8, 1939
I last saw him alive on May 8, 1939. Death is said to have occurred on the date stated above, at 8:04 a.m.
The principal cause of death and related causes of importance were as follows:

Prematurity — 154

Date of onset

Other contributory causes of importance:

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? St. Charles, Mo
(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) Vincent A. Schneider, M. D.
(Address) St. Charles, Mo.