

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.

MAY 23 1931

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

Do not use this space.

13835

File No. 312

Registered No. St. Ward

1. PLACE OF DEATH

County *Greene*Township *Springfield*City *Springfield*Registration District No. *318*Primary Registration District No. *201*(No. *St. John's Hospital*)

2. FULL NAME

(a) Residence, No. *2535 N. Boulevard*

(Usual place of abode)

Ward.

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

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

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

April 1-1846

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

*85**0**16*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Retired Farmer*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.*General Farm Work*10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Va*

FATHER

13. NAME

*Robert Chandler*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Unknown*

MOTHER

15. MAIDEN NAME

*Cynthia Hall*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Va*

17. INFORMANT

(ADDRESS)

*D. M. Chandler
Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

*White**Comfort Cemetery*

DATE

April 19

1931

19. UNDERTAKER

(ADDRESS)

*W. H. Thompson
Springfield, Mo.*

20. FILED

4-18

19

*31**1931**For Sharp**Registrar*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 17*, 19*31*

22. I HEREBY CERTIFY, That I attended deceased from

April 9, 19*31*, to *April 17*, 19*31*I last saw him alive on *April 16*, 19*31*. Death is saidto have occurred on the date stated above, at *6:15* a.m.

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

Date of onset

*Pleurisy of left-side and**Pneumonia of left lung**1012 Broncho Pneumonia**1012*

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