

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

Do not use this space.

JUN 21 1935

16256

1. PLACE OF DEATH

County Henry Registration District No. 14
 Township Windsor Primary Registration District No. 4211
 City Windsor, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 14

2. FULL NAME

George Torrus Chambers
 (a) Residence, No. _____ 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. 2 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) Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1868
 7. AGE YEARS 67 MONTHS 3 DAYS 25
 If LESS than 1 day, _____ hr. or _____ min.

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

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) (STATE OR COUNTRY) Missouri

13. NAME Boyd Chambers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carolina

15. MAIDEN NAME Elizabeth Youst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mr. G. E. Chestine
 (ADDRESS) Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5-10-1935

19. UNDERTAKER J. W. Brunsinger
 (ADDRESS) Windsor, Mo.

20. FILED 6-10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from MAY 7, 1935 to MAY 9, 1935

I last saw him alive on May 9, 1935. Death is said to have occurred on the date stated above, at 12:15 a.m.

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

Cardiac Stenosis

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? _____ (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) H. C. M. [Signature] M. D.

(Address) Windsor, 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.

