

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH

County Clay
 Township _____
 or
 Village _____
 or
 City Liberty (NO. _____ St. _____ Ward _____)

Registration District No. 207 File No. 40879

Primary Registration District No. 3012 Registered No. 86

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME George Anderson Chandler

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>unmarried</u> <small>(Write the word)</small>
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DATE OF BIRTH April 12, 1830
(Month) (Day) (Year)

AGE 81 yrs. 6 mos. 18 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work Retiree RSB
 (b) General nature of industry, business, or establishment in which employed (or employer) Q-C 87A

BIRTHPLACE
 (City or town, State or foreign country) Mayeville Ky 977

PARENTS	NAME OF FATHER <u>James Chandler</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>New Jersey</u>
	MAIDEN NAME OF MOTHER <u>Achsa Anderson</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>unknown</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) E. Elizabeth J. Chandler
 (ADDRESS) Liberty Mo

Filed 12/2/11 1911 W. H. Goodson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30th, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 5 or over a year, 1911, to Oct-30th, 1911, that I last saw him alive on October 30th, 1911, and that death occurred, on the date stated above, at 7 P. m.

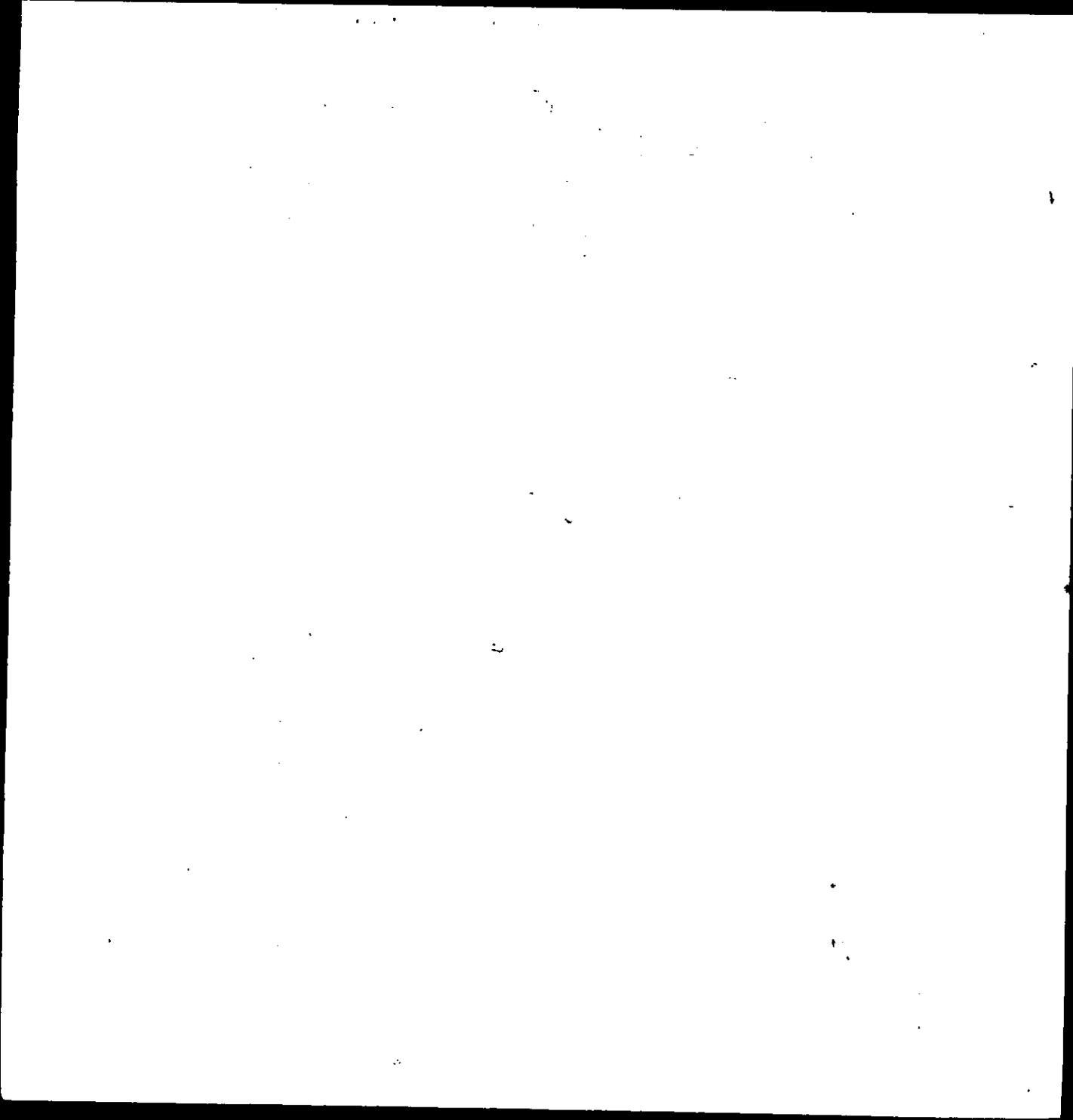
The CAUSE OF DEATH* was as follows:
Had a Cerebral Apoplexy a year or more ago - and has been gradually declining ever since - Had Arterio Sclerosis - all the symptoms thereof (Duration) 1 yrs. and more ds.
 Contributory gradual Decline - Heart and Valves (SECONDARY) (Duration) 1 yrs. more mos. ds.

(Signed) E. H. Miller M. D.
Oct-31st 1911 (Address) Liberty Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
 Where was disease contracted if not at place of death?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>Mo. City Mo</u>	DATE OF BURIAL <u>11-2-1911</u>
UNDERTAKER <u>Sharp Bros.</u>	ADDRESS <u>Liberty Mo</u>



PLACE OF DEATH

County Clay

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Township _____

Registration District No. 201

File No. _____

Village _____

Primary Registration District No. 3012

Registered No. 86

City Liberty (NO. _____)

St.: _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

George Anderson Chanslor

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH April 12, 1830
(Month) (Day) (Year)

AGE 81 yrs. 6 mos. 18 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Retired Stockbroker
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Mayville, Ky.

NAME OF FATHER James Chanslor

BIRTHPLACE OF FATHER (City or town, State or foreign country) New Jersey

MAIDEN NAME OF MOTHER Anderson

BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth J. Chanslor

(ADDRESS) Liberty, Mo.

Filed 2/12 1917 Wm. H. Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30, 1917
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Forever a yr., 1917, to Oct 30, 1917,

that I last saw him alive on Oct. 30, 1917, and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Had a cerebral apoplexy over a year ago & has been gradually declining ever since. Had also sclerosis of all the symptoms of arteriosclerosis 1 yrs. and over

Contributory Gradual Decline Heart and Kidney becoming dis-eased

(Signed) E. H. Miller M. D.
Oct. 31, 1917 (Address) Liberty, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Mo. City Mo. DATE OF BURIAL 11-2, 1917

UNDERTAKER Shays Bros. ADDRESS Liberty Mo.

General Carlos Selinger & Susan B. Smith

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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