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

Do not use this space. 2979

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... # Primary Registration District No. 1003 Registered No. 567

City St. Louis (No. #1231 Hamilton St. ..... Ward)

2. FULL NAME Nannie Munson Chambers

(a) Residence. No. #1231 Hamilton St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25th, 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3.	20.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dresden
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Wm Munson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Cynthia Trembley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York

14. INFORMANT Stuart M. Chambers
(Address) #1231 Hamilton Ave

15. FILED JAN 16 1928, 19..... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15, 1928

17. I HEREBY CERTIFY, That I attended deceased from 1916, 19..., to Jan 15, 1928 that I last saw her alive on Jan 14, 1928, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of breast
50

47

(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF Some years ago.
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Geo M Park, M. D
, 19 (Address) 870 Hamilton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Grove Mausoleum	Jan 17 1928

20. UNDERTAKER	ADDRESS
C. R. Lupton and Sons	4449 Olive

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.

Dr. Geo M. Park