MAY 24 1929

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

Do not use this space.

14228

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. St. Ward)
Registration District No. 213
Primary Registration District No. 3014
File No.
Registered No. 106

2. FULL NAME Andrew Chambers
(a) Residence. No. 117 R E Ashley St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 60 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17-1867

7. AGE: Years 61 | Months 9 | Days 0 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Centertown
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Monroe Chambers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dk
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dk
(STATE OR COUNTRY)

14. INFORMANT Earl Chambers
(Address) 117 R E Ashley

15. FILED 4-22, 1929. W. Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1929, to April 17, 1929, that I last saw h. alive on April 17, 1929, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Syphilis
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Septic Infection
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Hugh E Dallas M. D
, 19 (Address) Jefferson City Mo

*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 New City Cem
DATE OF BURIAL Apr 18 1929

20. UNDERTAKER Hawson Manner
ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.