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.

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

Do not use this space.

37668

1. PLACE OF DEATH Veterans' Administration Hospital.
County Jackson — Registration District No. — File No.
Township Row — Primary Registration District No. — Registered No. 4534
City Kansas City, Mo. (No. U. S. Vet. Hosp St. Ward)

2. FULL NAME CHAMBERS, William — C-None — WOE
(a) Residence, No. 1811 Cambridge St., Ward. Artificer Co F 2nd Tex Inf.
(Usual place of abode) Kansas City, Mo. (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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1875

7. AGE — YEARS 56 — MONTHS 4 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad News Service
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) Mississippi.

FATHER
13. NAME James Andrew Chambers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brandon Mississippi

MOTHER
15. MAIDEN NAME Martha Elizabeth Burks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Mississippi

17. INFORMANT (ADDRESS) Mrs. Cora Chambers (wife) 1811 Cambridge.

18. BURIAL, CREMATION, OR REMOVAL Kansas City, Mo.
PLACE Elmwood Cemetery DATE Nov. 12, 1931

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel 104 W. 42nd St. K.C. Mo

20. FILED 11/12, 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from September 28, 1931, to November 11, 1931
I last saw him alive on November 11, 1931. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Unknown
4.6 C 46 B	
11 8 B	

Other contributory causes of importance:

Post-operative shock	11-11-31

Name of operation Partial Gastrectomy & Gastroenterostomy Date of 11-10-31
What test confirmed diagnosis? X-ray Was there an autopsy? No

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? No
If so, specify
(Signed) W. E. Chambers, M. D.
W. E. CHAMBERS, Med. Officer in Charge
Veterans' Administration Hospital,
Kansas City, Missouri.