

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

Do not use this space.

33857

1. PLACE OF DEATH

County _____ Registration District No. 707 File No. _____
 Township _____ Primary Registration District No. 9157 Registered No. 9157
 City Herrin (No. Mo Baptist Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 704 So. Park Ave Ward. Herrin - Illinois
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR <u>Divorced - twice (the word)</u> <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carl B. Chamness.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 8 - 1894</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>10</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Wolf Creek Ill.</u>		
FATHER	13. NAME <u>John M. Kilbreth</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Anna. Lentz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wolf Creek Ill.</u>	
17. INFORMANT <u>Carl B. Chamness.</u> (ADDRESS) <u>Herrin, Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herrin Ill.</u> DATE <u>10-18</u> , 19 <u>32</u>		
19. UNDERTAKER <u>Rowland Mortuary Service</u> (ADDRESS) <u>524 Delmar Blvd.</u>		
20. FILED <u>OCT 16 1932</u> <u>Max G. Starr</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from
Sept 15, 1932, to Oct 15, 1932
 I last saw her alive on Oct 15, 1932. Death is said
 to have occurred on the date stated above, at 10¹⁵ P.m.
 The principal cause of death and related causes of importance were as follows:

<u>Carcinoma of the Ampulla of Vater</u>	Date of onset <u>Feb 1932</u>
<u>4 1/2 x 4 1/2 in</u>	
<u>Postoperative bile peritonitis</u>	<u>Oct 14, 32</u>

Other contributory causes of importance:
10/11

Name of operation Cholecystectomy Date of Sept 26, 32
 What test confirmed diagnosis? E drainage Was there an autopsy? yes

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) Royal C. McLean, M. D.
 (Address) 909 N. Taylor Ave
St. Louis, 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.

RECORD WITH IMPENDING INVA--THIS IS A PERMANENT RECORD

