

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

Do not use this space.

12840

**1. PLACE OF DEATH**

County Doekalb Registration District No. 260  
Township Grand River Primary Registration District No. 5363  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Louisa Ann Chambers

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 0 yrs. 7 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 DIVORCED, (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9, 1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>10</u>
	DAYS <u>0</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>housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Data deceased last worked at this occupation (month and year) _____	
	11. Total time (years, months, and days) spent in this occupation. <u>her life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buckman Co. Missouri</u>		
FATHER	13. NAME <u>William DeWeese</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Lucie DeWeese</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>J. W. Chapman</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridder Mo.</u>	DATE <u>4/11 1933</u>	
19. UNDERTAKER (ADDRESS) <u>H. F. Paulk</u>	<u>Ridder Mo.</u>	
20. FILED <u>4-20 1933</u>	<u>May S. Mahill</u> Registrar	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 30, 1932 to April 7, 1933  
I last saw her alive on April 7, 1933. Death is said to have occurred on the date stated above, at 1:35 p.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma liver.  
Valvular disease heart.

Other contributory causes of importance:  
None.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis phy & 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Frederic K. Wilson, M. D.  
(Address) Wilson, Mo.

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.

MAY 22 1933

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