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

Do not use this space.

22306

AUG 26 1933

1. PLACE OF DEATH

County Boone — Registration District No. 73 — File No.

Township Columbia — Primary Registration District No. 5006 — Registered No. 160

City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Infant of Mr. & Mrs. Russell Chandler

(a) Residence. No. 1009 Cherry St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7 - 23 - 33.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Russell Chandler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Boone C. Mo

12. MAIDEN NAME OF MOTHER Mary Coleman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Boone C. Mo

14. INFORMANT Mother of infant
(Address) Columbia Mo.

15. FILED 7/26/ 1933. Allie Selby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 - 25 - 1933.

17. I HEREBY CERTIFY, That I attended deceased from 7-23-, 1933, to 7 - 25 -, 1933 that I last saw h— alive on 7 - 25 -, 1933; and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth (about 5 mo.)

159 (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 151

(duration) ..... yrs. ..... 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? None

(Signed) W. P. Dyer, M. D

, 19 (Address) Columbia 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: Boone C. Mo.

DATE OF BURIAL: 7-26- 1933.

20. UNDERTAKER: Family

ADDRESS: Columbia Mo