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.

MAR 19 1936

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

Do not use this space.

5658

File No.
Registered No.

1. PLACE OF DEATH

County HOWELL — Registration District No. 384

Township — Primary Registration District No. 4227

City WEST PLAINS (No. , St. Ward)

2. FULL NAME JOHN N. CHAMBERS

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

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MAUDE CHAMBERS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 7, 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
81	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill saw mill, bank, etc. General farm work

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) Harrodsburg Monroe Co. Indianna

FATHER

13. NAME Allan Chambers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrodsburg Monroe Co Indianna

MOTHER

15. MAIDEN NAME Ollie Hasel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Indianna

17. INFORMANT MRS Maude Chambers
(ADDRESS) West Plains Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oaklawn Cem DATE Feb. 9 1936

19. UNDERTAKER McFARLAND UNDERTAKING CO.
(ADDRESS) WEST PLAINS, MO.

20. FILED Feb 9 1936 Vida W Simons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1934, 19, to Feb 8, 1936

I last saw him alive on Feb 7, 1936. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
① Chronic myocarditis	

Other contributory causes of importance:

Chronic hypertrophy of prostate	
Chronic cystitis	

Name of operation Date of

What test confirmed diagnosis? Exam 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) E. C. Rohrer, M. D.

(Address) West Plains, Mo.