

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

Do not use this space.

14923

MAY 21 1936

**1. PLACE OF DEATH**

County Harrison  
Township \_\_\_\_\_  
City Cainsville, Mo. (No. \_\_\_\_\_)

Registration District No. 336  
Primary Registration District No. 4199

File No. \_\_\_\_\_  
Registered No. 8 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Amanda Cathrine 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 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 DIVORCED (write the word) <u>Widow</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. L. Chambers Dec.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5, 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>11</u>
	DAYS <u>19</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.	
	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>Greenfield, Indiana</u>		
MOTHER FATHER	13. NAME <u>James F. Sherruck</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>	
17. INFORMANT (ADDRESS) <u>Maudie Bailey</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oakburn Cemetery</u> DATE <u>April 26, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Eddie J. Stokloss</u>		
20. FILED <u>Apr. 25, 1936</u> <u>C. E. Odum</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936, to April 24, 1936. I last saw him alive on April 23, 1936. Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Apoplexy

Date of onset:

Other contributory causes of importance:

87 a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) H. Hally, M. D.

(Address) Cainsville, 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.

