MAY 7 1936

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

Do not use this space.

17324

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4088

City St Louis (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME Bessie C. Chambliss

(a) Residence, No. 4340a Evans Ave. St., 11 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam D. Chambliss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 11, 1908

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
28	2	1	

OCCUPATION

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

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

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) Clarksville Tennessee

FATHER

13. NAME Michael F. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Tennessee

MOTHER

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Tennessee

17. INFORMANT (ADDRESS) Mr. Sam D. Chambliss 4340a Evans Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE April 12, 1936

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED APR 14 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.30 P.m.

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

General Peritonitis, Necrosis of Uterus, Parametrial Tissue Necrosis following criminal abortion. 1 A

Date of onset

Other contributory causes of importance:

Homicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Hom Date of injury 3/19, 1936

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Criminal Abortion

Nature of injury General Peritonitis

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) [signature], M.D.

(Address) [illegible] Coroner

4/14/36

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.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD