

OCT 21 1936

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

Do not use this space.

34795

1. PLACE OF DEATH

County *Johnson*

Township *Chatham*

City *Chatham*

Registration District No. *H 26*

Primary Registration District No. *5381*

File No. _____

Registered No. *22*

St. _____

Ward _____

2. FULL NAME *John Elmer 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 *50* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Lillie B. Chambers*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 22 - 1886*

7. AGE YEARS *50* MONTHS _____ DAYS *17* If LESS than 1 day, _____ hrs. or _____ min.

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) *Johnson County* (STATE OR COUNTRY) *Missouri*

13. NAME *Andy M. Chambers*

14. BIRTHPLACE (CITY OR TOWN) *Kentucky* (STATE OR COUNTRY) _____

15. MAIDEN NAME *Lucy Teatis*

16. BIRTHPLACE (CITY OR TOWN) *Kentucky* (STATE OR COUNTRY) _____

17. INFORMANT *Lillie B. Chambers* (ADDRESS) *Chatham Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Warrsburg Mo* DATE *Sept 11 1936*

19. UNDERTAKER *W. Goodman* (ADDRESS) *Walden Mo*

20. FILED *Sept 11 1936* *J. Beatty* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 9 1936*

22. I HEREBY CERTIFY, That I attended deceased from *9.10.10 months* 19____

I last saw him alive on *Sept 7* 1936. Death is said

to have occurred on the date stated above, at *6:30 A.M.*

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

Pernicious anemia

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) *R. L. Bille*

(Address) *Wagonville Mo*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

20M-2-19-36 I X7294

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.

