

DEC'D AUG 10 1939

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

26935  
Do not use this space.

1. PLACE OF DEATH  
(a) County Saline Registration District No. 796  
(b) Township \_\_\_\_\_ Primary Registration District No. 3038  
(c) City Marshall (d) Street No. Fitzgibbons Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 516 Wayne Plasant Chambers  
(a) Residence, No. 725 North Odell St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Aug. 30, 1934  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 10 17  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as 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) Marshall Missouri  
13. NAME James Wesley Chambers  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Missouri  
15. MAIDEN NAME Eva Short  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Kansas  
17. INFORMANT (ADDRESS) James W. Chambers Marshall, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Lick Cem. DATE July 19, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell-Lewis Marshall, Mo.  
20. FILED 7-18-39 Mary Kent 712 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1939  
22. I HEREBY CERTIFY That I attended deceased from July 12, 1939, to July 17, 1939  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Acute Interstitial  
Etiology Undetermined  
Date of onset 7/10/39  
Other contributory causes of importance: 1206  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Culture 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) M. D.  
(Address) Marshall, 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.

VED  
Health Officer No. 2  
Number 6/13/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

T. W. Campbell....., Registered Apprentice No.....  
working under my personal supervision.

Signed T. W. Campbell.....

Licensed Embalmer No. 3469.....

P. O. Address Marshall.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.