

FILED APR 12 1941

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

10709

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township..... Primary Registration District No. 3014 Registered No. 59
 (c) City Jefferson City (d) Street No. Missouri State Hospital - (Prison) 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME L56 JOHN CHALMERS

(a) Residence, No. Missouri State Prison 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) June 24, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. various
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN)..... Undersawm (STATE OR COUNTRY) G

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) G

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) I

17. INFORMANT Self (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE Mar 11 1940

19. FUNERAL DIRECTOR (NAME) Thorpe J. Gordon (ADDRESS) Jefferson City Mo

20. FILED 5-9- 1940 St. Bedford Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1940, to March 8, 1940

I last saw h. im alive on March 8, 1940 Death is said to have occurred on the date stated above, at 9.15 a.m.

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

Pulmonary Hemorrhage

Date of onset

Other contributory causes of importance:

Tuberculosis

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) W. W. Rambo, M. D.

(Address) Cent. Trust Bldg., Jefferson

W. W. RAMBO, M. D.

Cent. Trust Bldg., Jefferson

City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I 116603

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.....

Louis Quest....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis Quest*.....

Licensed Embalmer No. *4096*.....

P. O. Address *Jefferson City, Mo.*.....

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.