

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

Do not use this space.

11564

1. PLACE OF DEATH

County Missouri
Township 2nd west 1st
City St. Louis

Registration District No. 576
Primary Registration District No. 5762

File No. _____
Registered No. 34
St. _____ Ward _____

2. FULL NAME

W.M. Chambers

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF Mrs Mary Chambers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/16/1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
61 11 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 91A
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Miss G. Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John Chambers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baden Prussia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Henrietta Phelps

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holland
(STATE OR COUNTRY)

14. INFORMANT Wm Chambers
(Address) Charleston Mo

15. FILED Mar 7 - 29 1929 J.S. Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) 11:15 am 3/29/29

17. I HEREBY CERTIFY That I attended deceased from Feb 29, 1929, to March 7, 1929 that I last saw him alive on March 7, 1929, and that death occurred, on the date stated above, at 11:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Toxic Endocarditis + myocarditis - following Influenza
(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY) HB
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) W.S. Love, M.D.
1929 (Address) Charleston, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cattletip Cemetery DATE OF BURIAL 3/8 1929

20. UNDERTAKER McLain Undert. Co. of Charleston 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.

APR 1 1929

