

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.

JAN 5 1934

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

Do not use this space.
36874

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 274 File No. 314
 6 Township Primary Registration District No. 60180 Registered No.
 6 City Flat River (No. 446) St. Ward

2. FULL NAME Charles Calvin Wampler
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Elean Wampler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22nd 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	75	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) (STATE OR COUNTRY) St. Genevieve Mo

FATHER
 13. NAME William Wampler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME Henny Womack
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Harry Wampler
 (ADDRESS) St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wood Cemetery DATE 11-13 19.....

19. UNDERTAKER Badweel Bros
 (ADDRESS) Flat River Mo

20. FILED Nov 30 19..... W. G. Bryan
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1931, to Oct 30, 1932
 I last saw him alive on Oct 14, 1932 Death is said to have occurred on the date stated above, at 2:30 p. m.
 The principal cause of death and related causes of importance were as follows:
General Arterio Sclerosis Date of onset
Myocarditis
Chronic Nephritis
131
 Other contributory causes of importance: 330 131 1

Name of operation Chloroform 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 R. P. Phibbs (Signed) M. D.
 (Address) Flat River Mo

