

Vern

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

Do not use this space.

20075

PLACE OF DEATH

County Mississippi
Township Wynona
City Charlton (No.)

Registration District No. 566
Primary Registration District No. 3030

File No.
Registered No. 59
St. Ward)

2. FULL NAME Mrs. Ben 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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Ben Chambers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/14/1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 16

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

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Fritz Schuette

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape Girardeau, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Heldt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape Girardeau Co. Mo
(STATE OR COUNTRY)

14. INFORMANT Ben Chambers
(Address) Charlton Mo

15. July 1st 1930 F. S. Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 6/30 1930

17. I HEREBY CERTIFY, That I attended deceased from July 28th 1929 to June 30th 1930.
that I last saw her alive on June 30th 1930, and that death occurred, on the date stated above, at 11:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
4 1/2
yr

(duration) yrs. mos. ds.
CONTRIBUTORY Acute Indigestion
(SECONDARY) (duration) 1 1/2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 4/6
AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 1929

WHAT TEST CONFIRMED DIAGNOSIS Cervix Hypertrophied
(Signed) Frank S. Vernon M. D.
, 19 (Address) Charlton 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 Calvary Cemetery DATE OF BURIAL 7/2 1930

20. UNDERTAKER The Lair Unobles ADDRESS Charlton 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.

RECORD THIS IS A PERMANENT RECORD

