JAN 22 1929

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

Do not use this space.

39680

1. PLACE OF DEATH
County Callaway
Registration District No. 3008
File No.
Township Fulton
Primary Registration District No. 10-4
Registered No. 230
City Fulton Mo (No. St. Ward)

2. FULL NAME Cora Chambers
(a) Residence. No. Maniteau Co Mo St., Ward. State Hospital No 1
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. — ds. How long in U.S., if of foreign birth? yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Female. 4. COLOR OR RACE: White. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1928
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married	17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1928, to Dec 11, 1928 that I last saw h... alive on Dec 11, 1928, and that death occurred, on the date stated above, at ... m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) DK	THE CAUSE OF DEATH* was as follows: Broncho Pneumonia
7. AGE: Years 36; Months —; Days —; If LESS than 1 day, ...hrs. or ...min.	107 A 84 (duration) yrs. mos. 1 ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housekeeper (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	CONTRIBUTORY (SECONDARY) Dementia Praecox (duration) yrs. 1 mos. 1 ds.
9. BIRTHPLACE (CITY OR TOWN) DK (STATE OR COUNTRY)	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? H. S.
PARENTS 10. NAME OF FATHER DK	Did an operation precede death? No. Date of
11. BIRTHPLACE OF FATHER (CITY OR TOWN) DK (STATE OR COUNTRY)	Was there an autopsy? No. What test confirmed diagnosis? Physical
12. MAIDEN NAME OF MOTHER DK	(Signed) D H Young, M.D. , 19 State Hospital No 1
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DK (STATE OR COUNTRY)	*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.
14. INFORMANT State Hospital No 1 (Address) Fulton, Mo	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Flag Springs, Moniteau Co. DATE OF BURIAL: 12-13-1928
15. FILED Dec 11, 1928 R. N. Crews REGISTRAR	20. UNDERTAKER: Jesse E. Richards. ADDRESS: Tipton, Mo

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.