

PLACE OF DEATH

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Butch

File No. _____

Vol. No. _____

Registration District No. 97

Registered No. _____

No. Town Butch

Primary Registration District No. 4048

CITY _____ (If parish register, hospital or institution, give the NAME (street and number) Ward _____

2 FULL NAME Butch Chet Chambers

(1) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)

(2) Length of residence in city or town when first received in _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, Divorced, or other status Married

6a. Is deceased, widowed, or divorced Married 6b. Wife of J.C. Chambers

7. DATE OF BIRTH (month, day, and year) Year _____ Month _____ Day _____

8. Trade, profession, or particular kind of work done, as printer, lawyer, bookkeeper, etc. NW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at 11. Total time (years) spent in such position _____

12. BIRTHPLACE (city or town) (State or country) Butch _____

13. NAME James Myers

14. BIRTHPLACE (city or town) (State or country) OK

15. MAIDEN NAME OK

16. BIRTHPLACE (city or town) (State or country) NY

17. INFORMANT Butch Chet Chambers

18. MORTALITY CERTIFICATE OR REMOVAL None

19. URBANITIES None

20. FILLED Butch Chet Chambers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/12/1932

22. HOURS OF DEATH (month, day, and year) 4:30

23. I AM A _____ (Physician, Surgeon, or other person qualified to give the principal cause of death and explain causes of importance in order of their rank as follows)

Ulcer colitis

24. Name of epidemic _____ Date of _____

25. What last condition diagnosed _____ Was there an epidemic _____

26. If death was due to external causes (stabbing) it is also the American, British, or foreign _____ Date of injury _____

27. Where did injury occur? _____ Specify whether injury occurred in industry, in home, or in public place.

28. Nature of injury _____

29. How the injury in any way related to occupation of _____

30. Cause of death _____

31. Name of physician _____ M. D.

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