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.

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

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PLACE OF DEATH

County: Pike

Township: ~~Buffaloe~~ or Village: or City: Louisiana (No. N. 5th St.; Ward)

Registration District No. 689 File No. 2912

Primary Registration District No. 3633 Registered No. 14

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Chas Judson Chapman Sr

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Widower

DATE OF BIRTH: June 17, 1856 (Month) (Day) (Year)

AGE: 54 yrs. 7 mos. 5 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer): Self-25

BIRTHPLACE (City or town, State or foreign country): Urbana Ohio

PARENTS
NAME OF FATHER: John L Chapman
BIRTHPLACE OF FATHER (City or town, State or foreign country): Zanesville Ohio
MAIDEN NAME OF MOTHER: Anna McRae
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Canada

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs C H Robertson
(ADDRESS): St Louis Mo

Filed: Jan 24 1911 Fred D Stubblefield REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 22, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jany, 1911, to Jany 22, 1911, that I last saw him alive on Jany 22, 1911, and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

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(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (Secondary) ___ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J M Pearson M. D.

Jany 24 1911 (Address) Louisiana

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 38 yrs. ___ mos. ___ ds. In the State 38 yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death? at home
Former or usual residence: Louisiana Mo

PLACE OF BURIAL OR REMOVAL: Louisiana Mo Riverview Cemetery
DATE OF BURIAL: Jany 24 1911
UNDERTAKER: J C Haley Jr
ADDRESS: Louisiana Mo