25 1927

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

Do not use this space.

11062

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No.
Township — Primary Registration District No. — Registered No. 450
City St. Joseph, Mo. (No. 2125 South 13th Street St. Ward)

2. FULL NAME Jane Chapman
(a) Residence. No. 2125 South 13th Street St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 42 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eli Chapman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 10, 1838

7. AGE: Years 88 — Months 7 — Days 19 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife — 186A 194B
(b) General nature of industry, business, or establishment in which employed (or employer) — 59
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wiltshire.
(STATE OR COUNTRY) England

PARENTS
10. NAME OF FATHER John Lindsay
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) England

14. INFORMANT Mrs. Ernest Chapman
(Address) 2125 South 13th Street

15. FILED MAY 2 1927 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Mch 27, 1927, to April 29, 1927, that I last saw her alive on April 29, 1927, and that death occurred, on the date stated above, at 9:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of Thigh from a fall from chair to floor (accidental)
(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mallitus
Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) S D Packwood, M. D
5-2, 1927 (Address) P & S Bldg

*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: Mt. Mora — DATE OF BURIAL: May 2 1927

20. UNDERTAKER: Fleeman-Faris — ADDRESS: 1208 Francis

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.