AUG 16 1927

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

Do not use this space. 21158

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield Mo
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 439
St. Ward)

2. FULL NAME: J Ross Chapman
(a) Residence. No. 427 W Madison St. Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 22 1892
7. AGE: 34 YEARS, 11 MONTHS, 21 DAYS. If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo
PARENTS
10. NAME OF FATHER: J B Chapman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Amelia Chapman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
14. INFORMANT: Mrs Jessie Holden
(Address) Elder Mo
15. FILED 7/15 1927 O C Horst Mile
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 13 1927
17. I HEREBY CERTIFY, That I attended deceased from 7/13, 1927, to 7/13, 1927 that I last saw ~~[illegible]~~ alive on 7/13, 1927, and that [illegible] occurred, on the date stated above, at ....m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
25A
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY): Hemoptisis
(duration) ....yrs. ....mos. ....ds.
18. WHERE DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Lee Cox, M. D
7/14, 1927 (Address) 223½ South
*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: Mo Smart Cemetery Billings
DATE OF BURIAL: July 15 1927
20. UNDERTAKER: H H Johnsey ed Springfield Mo
ADDRESS

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.