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

Do not use this space.

29579

File No.

Registered No. 1034

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. 107 Victorian Court St. Ward)

2. FULL NAME Martha A. Chapman

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 12, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	9	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: bAt Home.
(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) Galion, Ohio.

PARENTS

10. NAME OF FATHER Jacob H. Helfrich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Eva Kyli

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

14. INFORMANT Herbert A. Chapman
(ADDRESS) 107 Victorian Ct.

15. FILED OCT 10 1927 John G. Fitz REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct, 9, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Sep 1/27, 19, to Oct 9, 19 27 that I last saw h. alive on Oct 8, 1927, and that death occurred, on the date stated above, at 5.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage (paralysis
Right side of body
59
OLA (duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Joseph Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF 0
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) J. J. Thompson, M. D
OC10, 1927 (Address) 825 Charles

*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	DATE OF BURIAL
Memorial Park Cemetery	Oct, 11, 1927

20. UNDERTAKER Walter Meyerhoffer — ADDRESS 1302 Faraon St.

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.