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

Do not use this space.

30447

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 811 West 38th St. Ward)

2. FULL NAME Anna Cora Chapeze
(a) Residence. No. 811 West 38th St., 4 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank B. Chapeze

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 27, 1862

7. AGE: Years 64 — Months 10 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Lexington
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Michael Finfrock
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Hagerstown
(STATE OR COUNTRY): Maryland
12. MAIDEN NAME OF MOTHER: Susan B. Currie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Withville
(STATE OR COUNTRY): Virginia

14. INFORMANT: Frank B Chapeze
(Address): 811 West 38

15. FILED 10/20, 1927 M. M. Crowe Asst REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): October 19, 1927

17. I HEREBY CERTIFY, That I attended deceased from June, 1927, to Oct. 19, 1927, that I last saw her alive on Oct. 18, 1927, and that death occurred, on the date stated above, at 6:20 A.m.

11A THE CAUSE OF DEATH* WAS AS FOLLOWS:
107A
125B Broncho-pneumonia (Influenza)
Portal obstruction of unknown origin.
Broncho-pneumonia existing 10 days (duration). Portal obstruct. 2 mos.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

100a

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? observation
(Signed) Franklin E. Murphy, M. D
Oct. 19, 1927 (Address) Waldheim 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: Forest Hill Cemetery — DATE OF BURIAL: Oct. 21 1927

20. UNDERTAKER: Stine & McClure — ADDRESS: 924 Oak

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.