

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

Do not use this space.

10289
210

1. PLACE OF DEATH

County Rapley
Township Thomas
City (No. _____) _____ St. _____ Ward _____

Registration District No. 757
Primary Registration District No. 5990

File No. _____
Registered No. 15

2. FULL NAME

Martha Chatman
(a) Residence. No. 20702, Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31, 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Albert Chatman

17. I HEREBY CERTIFY, That I attended deceased from March 31, 1928, to March 31, 1928.
That I last saw h. ek. alive on March 31, 1928, and that death occurred, on the date stated above, at 11:50 3 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-12-1879

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Lobar Pneumonia

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
55 00 29

CONTRIBUTORY None so far as known
(SECONDARY) (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

9. BIRTHPLACE (CITY OR TOWN) Fredricks town
(STATE OR COUNTRY) Missouri

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

10. NAME OF FATHER John Gresham

19. WAS THERE AN AUTOPSY? No.

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

WHAT TEST CONFIRMED DIAGNOSIS? Classic symptoms
(Signed) R. L. Turner, M. D.

12. MAIDEN NAME OF MOTHER Unknown

3/31/1928 (Address) Neelyville Mo.

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

*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.

14. INFORMANT John Gresham
(Address) Neelyville Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kinsley Cemetery DATE OF BURIAL Apr 1 1928

15. FILED 4/15-1928
REGISTRAR Hewlett

20. UNDERTAKER Winnie Lish, Neelyville, Mo.

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.

1928

