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

Do not use this space.

19311

File No. ✓

Registered No. 5745

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 5003

City..... (No. ..... St. ..... Ward)

2. FULL NAME Charlotte Alice Chapman

(a) Residence. No. 5227 Waterman St. Ave. Ward. 12
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
John Ellis Chapman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-5-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer) not employed
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clinton, Tenn
(STATE OR COUNTY)

PARENTS

10. NAME OF FATHER David King Young

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton
(STATE OR COUNTY) Tenn.

12. MAIDEN NAME OF MOTHER Elizabeth Woodson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cumberland
(STATE OR COUNTY) Land Gap, Ga.

14. INFORMANT R. A. Byers
(Address) 5227 Waterman Ave

15. FILED MAY 28 1928 Mary C. Starling
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ~~May 27 1928~~ June 20 1928

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1926, to May 27, 1928 that I last saw h. alive on May 20, 1928, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 1 yrs. mos. ds.

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?

(Signed) O. F. Campbell M. D.

5/27/1928 (Address) 3542 Washington

*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 Knoxville, Tenn.

DATE OF BURIAL 5-28-1928

20. UNDERTAKER Wagner

ADDRESS 3621 Olive

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.

THIS IS A PERMANENT RECORD