JUL 24 1928

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

Do not use this space.

File No. 19994

Registered No. 788

1. PLACE OF DEATH
County Buchanan — Registration District No. 86
Township — Primary Registration District No. 1001
City St. Joseph, (No. 2501 Jule St. Ward)

2. FULL NAME Louis Cass Chapman,
(a) Residence. No. 2501 Jule St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 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)
Male	White	Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	7	25	

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

9. BIRTHPLACE (CITY OR TOWN) Nauvoo,
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Samuel Madison Chapman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Mary Reinburger,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

14. INFORMANT Robt. G. Kelly
(Address) 2501 Jule Street.

15. FILED JUL 21 1928 John G. Ott REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 - 1928

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1928, to June 21, 1928
that I last saw h. alive on June 20, 1928, and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
135
138 9 0 B
(duration) yrs. 10 mos. ds.
CONTRIBUTORY (SECONDARY) Dilitation of heart
(duration) yrs. 6 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?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. F. Owens, M.D.
June 21, 1928 (Address) Schneider 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 Mount Mora Cemetery — DATE OF BURIAL June 23, 1928

20. UNDERTAKER Heaton-Belsole & Bowman by J. H. Frank — ADDRESS 319 S. 10 St. Funeral Home

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD