JUL 26 1928

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

Do not use this space.

21347

File No. 583

Registered No.

1. PLACE OF DEATH
County New Madrid
Township
City New Madrid (No. St. Ward)

Registration District No. 604
Primary Registration District No. 5

2. FULL NAME Benjamin 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 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	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Lula Mae

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1893 month unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	39	unknown		

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

9. BIRTHPLACE (CITY OR TOWN) Lafonge
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER James Chapman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lafonge
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Nonnie Lee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lafonge
(STATE OR COUNTRY) Mo

14. INFORMANT John Booten
(Address) Matthews Mo

15. FILED 6/22/1928 W. O. Bannon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-21 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-10-28, 19..., to 6-19-28, 19..., that I last saw him alive on 6-19-28, 19..., and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
A Pneumonia Fever
(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (SECONDARY) Pneumonia & Malaria
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. D. Parker, M. D.
, 19 (Address) New Madrid Mo

*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 Matthews Cemetery — DATE OF BURIAL 6/21 1928

20. UNDERTAKER Richards Und — ADDRESS New Madrid 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.