

JAN 25 1928

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

Do not use this space.

41777

1. PLACE OF DEATH

County Marion  
Township Jackson  
City Jackson (No. ....) St. .... Ward)

Registration District No. 582  
Primary Registration District No. 5779

File No. ....  
Registered No. 63

2. FULL NAME J. W. 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 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Sarah Chapman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-27-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 6 6

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 self

9. BIRTHPLACE (CITY OR TOWN) .....  
(STATE OR COUNTRY) Massachusetts

10. NAME OF FATHER Ben Chapman

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

MAIDEN NAME OF MOTHER Louise Fennell

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

14. INFORMANT Allen Walter  
(Address) Paris Mo

15. FILED 12/10 1928 W. C. Bayless REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 30, 1928, to Dec 3, 1928 that I last saw him alive on Dec 3, 1928, and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary TB.

31 (duration) 1 yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) M. P. Mc Murray, M. D.  
12/4, 1928 (Address) Paris, 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 Cedar Grove DATE OF BURIAL Dec 5 1928

20. UNDERTAKER Speed + Blakey ADDRESS Paris, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PARENTS

