

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

Do not use this space.

**1. PLACE OF DEATH**

County Garrison  
Township Lean  
City Kansas City (No. Kansas City Gen Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. 1876  
Registered No. 469  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Chapin, William  
(a) Residence. No. Mo Ave + Oak St. 1 Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred 45 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 11 19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Yorkman  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ireland

**10. NAME OF FATHER**

Dont Knew

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ireland

**12. MAIDEN NAME OF MOTHER**

Dont Knew

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ireland

**14.**

INFORMANT Reverend Clerk  
(Address) Kansas City Gen Hosp

**15.**

FILED 1-30-29 M. M. Bruce  
REGISTRAR Asst

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28 1929

17. I HEREBY CERTIFY That I attended deceased from 1-12, 1929, to 1-28, 1929  
that I last saw him alive on 1-28, 1929, and that death occurred, on the date stated above, at 9:25 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis and  
Chronic Nephritis  
131  
anc  
(duration) \_\_\_\_\_ yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

131 (duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Gen Findings

1-29 (Signed) P. C. Williams M. D.

, 1929 (Address) Supst 7 C. Gen. Hosp

\*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 DATE OF BURIAL

St. Louis Mortuary 1-30 1929

20. URBAN AREA ADDRESS

St. Louis 1913 East 10

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.

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