

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

Do not use this space.

21237

**1. PLACE OF DEATH**

County Greene

Registration District No. 318

File No. ....

Township Springfield

Primary Registration District No. 3291

Registered No. 494

City Springfield (No. Springfield Hospital)

St. .... Ward) ....

**2. FULL NAME**

(a) Residence. No. Berryville Ark. 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

female

**4. COLOR OR RACE**

w

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

widow

**6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

John J. Chaplain

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Nov. 5 - 1860

**7. AGE**

YEARS

MONTHS

DAY

IF LESS than 1 day, .... hrs. or .... min.

68

7

20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(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)

Ark.

**10. NAME OF FATHER**

W. W. Davis

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

(STATE OR COUNTRY)

Tenn.

**12. MAIDEN NAME OF MOTHER**

Antonia Davis

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

(STATE OR COUNTRY)

Mo.

**14.**

INFORMANT (Address)

J. J. Champlin  
Berryville Ark.

**15.**

FILED

6/28 1929  
For Sheriff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

6-28-1929

**17.**

I HEREBY CERTIFY, That I attended deceased from

....., 19..... to 6-23-1929

that I last saw him alive on 6-28-1929, and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

severe shock -

126

12.74

(duration) yrs. mos. 1/2 da.

**CONTRIBUTORY (SECONDARY)**

Fistula (ruptured) of  
Bladder - Stone in colon

(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

Armoreville Ark

DID AN OPERATION PRECEDE DEATH?

DATE OF 6-28-29

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Arthur Smith, M. D.

28-1929 (Address) Springfield 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**

DATE OF BURIAL

Berryville Ark.

6-30 1929

**20. UNDERTAKER**

ADDRESS

W. H. Hove

W. H. Hove

WRITE MAINLY, WITH FADING INK---THIS IS A PERMANENT RECORD

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.

25 929  
233  
2  
2  
1

489