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

Do not use this space.

25181

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 79
City Chillicothe (No. ... St. ... Ward)

2. FULL NAME Mrs Alpha Lee Chapman
(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)
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: Female
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: C A Chapman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 18 - 1882

7. AGE: Years 46 — Months 11 — Days 22 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Linn. Co Mo

PARENTS
10. NAME OF FATHER: R. L. Thark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Linn Co Mo
12. MAIDEN NAME OF MOTHER: Mrs M. Botts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Linn Co Mo.

14. INFORMANT: L.A. Chapman
(Address) Wheeling Mo. R 1

15. FILED 7/11, 1929 Reuben Barney, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 10 1929

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1929, to July 10, 1929, that I last saw her alive on July 10, 1929, and that death occurred, on the date stated above, at 8:07 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Post Operative Shock due to Laparotomy for removal of Tumor Weighing 16½ (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Auto-intoxication (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 9 29
WAS THERE AN AUTOPSY? No Findings
WHAT TEST CONFIRMED DIAGNOSIS? Surgical
(Signed) M W Doucell MD
7/10/ 1929 (Address) Chillicothe 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: Parson Creek Cemetery — DATE OF BURIAL: 7-12 1929

20. UNDERTAKER: F. B. Norman — ADDRESS: Chillicothe 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.

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cated by check marks, lacking from the death certificate.

Name: Alpha Lee Chapman

Who died at: Chillicothe, Missouri on July 10, 1929

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

The best information obtain-
e is that this tumor was a
moid cyst, envolving uterus
aries and abdomen.

R. Barney

Local Registrar

Single, married, widowed or divorced: _____

Age: Years ____ Months _____ Days _____

(b) Industry: _____

untry) _____

untry) _____

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CAUSE OF DEATH: Post operative shock due to laporatomy for removal of tumor weighing 16½ lbs. Acute intoxication

Contributory: Autopsy Acute intoxication

Where was disease contracted? _____

S-25181, July, 10, 1929