

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

Do not use this space.

35820

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. Louis (No. 6638) Vermont

File No.....
 Registered No. 10623
 St. Ward.....

2. FULL NAME

(a) Residence. No. St., 1 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

MEDICAL CERTIFICATE OF DEATH

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 W. M. Kinsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 31 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 1 29

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

9. BIRTHPLACE (CITY OR TOWN) Medina
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Henry Chapin

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

12. MAIDEN NAME OF MOTHER Mary Beelo Mansfield

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

14. INFORMANT Wm. Kinsey
 (Address) 608 Vermont

15. FILED Oct 20 1927 Max C. Stanley
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1929, to Oct. 29, 1929 that I last saw him alive on Oct 28, 1929, and that death occurred, on the date stated above, at 5:45 a. m.

THE CAUSE OF DEATH,* AS FOLLOWS:
apoplexy - central language
1011 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis (duration) yrs. mos. ds. 5

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

2. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Electric Broderick, M. D.

1929, 1929 (Address) 6029 Ca

*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 Sunset Burial Pk. DATE OF BURIAL 11/1 1929

20. UNDERTAKER C. Hoffmeister & Co. ADDRESS 7814 Broderick

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.

