

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

Do not use this space.

41344
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PLACE OF DEATH
County Madison Registration District No. 1149
Township Pineville Primary Registration District No. 5698
City (No.) St. Ward
2. FULL NAME Abraham K. Chapman
(a) Residence. No. Pineville Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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 Elizabeth Chapman
OR WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 yrs 7 25

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

9. BIRTHPLACE (CITY OR TOWN) Valperaga Ind.
(STATE OR COUNTRY)

10. NAME OF FATHER John Chapman

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

12. MAIDEN NAME OF MOTHER Orphia Riggs

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

14. INFORMANT Mrs. Elizabeth Chapman
(Address) Pineville Mo.

15. FILED 2/10 1930 Leo Learnee
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 19 1929 to Dec 1 1929 that I last saw him alive on Nov 30 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS
Chronic Nephritis & Prostatitis
131
137 (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 1290 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF V

19. WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? C. niscal
(Signed) W. H. H. Tou M. D.

(Address) Pineville 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.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL Larnum Mo DATE OF BURIAL Dec 1 1929

20. UNDERTAKER Leo Learnee ADDRESS Pineville 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 very important.

1919-1929

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