

APR 30 1930

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

Do not use this space.

11492

1. PLACE OF DEATH

County Sullivan
Township Rock
City Milan (No. _____)

Registration District No. 852
Primary Registration District No. 4518

File No. _____
Registered No. 16 Ward _____

2. FULL NAME

Tibitha Wheeler Chapman

(a) Residence. No. _____ 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. 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Chapman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
68 ? ? ?

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

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER " "

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

14. INFORMANT A. R. McCleskey
(Address) Milan, Mo.

15. FILED 3/19/30 Brita McClay REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1930, to March 17, 1930, that I last saw her alive on March 17, 1930, and that death occurred, on the date stated above, at 2:06 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cardio-renal disease
95R

18. CONTRIBUTORY (SECONDARY) asthma (allergic) (duration) not known yrs. mos. ds.
not known (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. S. Montgomery M. D.
Jan 10, 1930 (Address) Milan 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 Oak Wood Cem. Milan DATE OF BURIAL Mar 18 1930

20. UNDERTAKER C. A. Schoene ADDRESS Milan 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.

