

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

Do not use this space.

13790

File No. \_\_\_\_\_  
Registered No. **263** \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

39 County Greene Registration District No. 318  
3 Township \_\_\_\_\_ Primary Registration District No. 200  
5 City Springfield 2206 East Ave.

**2. FULL NAME**

(a) Residence, No. 2206 East Ave. 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 Male 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 Nancy Chapman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1852

7. AGE YEARS 78 MONTHS 10 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on a farm

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Elias Chapman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) E. B. Chapman

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. St. Andrew Cemetery DATE April 3, 1931

19. UNDERTAKER (ADDRESS) W. H. Wagner & Co

20. FILED 4/23, 1931 For Sharp Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 1931, to 4/1, 1931

I last saw him alive on 4/1, 1931. Death is said to have occurred on the date stated above, at 8:15 a. m.

The principal cause of death and related causes of importance were as follows:

Influenza Date of onset 3/24/31

Other contributory causes of importance: Senility

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. F. ... M. D.

(Address) Springfield, Mo.

WRITE PLAINLY, WITH UNFADING 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.

967