

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.

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

Do not use this space.

2304

1. PLACE OF DEATH

County *St. Louis*
Township *Central*
City *Richmond Heights*

Registration District No. *790*
Primary Registration District No. *6133*
St. Louis Co. Hospital

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *Richmond Heights - 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 *Col.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ *1921*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *MAY. 8 - 1921*

7. AGE YEARS *10* MONTHS *3* DAYS *19* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School boy*

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

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) *Missouri*

13. NAME *John Chapman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

15. MAIDEN NAME *Addie Howard*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

17. INFORMANT *L. M. Bourson*
(ADDRESS) *Richmond Heights*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Musick, Mo.* DATE *Jan. 31st 1932*

19. UNDERTAKER *W. C. Gordon Und. Co.*
(ADDRESS) *2649 Morgan St.*

20. FILED *Jan 27 1932* *K. W. Sullivan*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 27 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 21 1932* to *Jan 27 1932*

I last saw him alive on *Jan 29 1932* Death is said

to have occurred on the date stated above, at *5:30 p.m.*

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

Lobar pneumonia

Date of onset

Other contributory causes of importance:

Cardiac decompensation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 *(1)*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *NO*

If so, specify *John A. Rogers*

(Signed) *Clayton Stammers, Ch. Hays, D.*

(Address) *Missouri*

