

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

Do not use this space.

12622

**1. PLACE OF DEATH**

County Jackson Registration District No. 389  
Township Kew Primary Registration District No. 1002  
City Kansas City (No. 20 East 72nd St.)

File No. \_\_\_\_\_  
Registered No. 1559 Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Alice Atherton Chapman

(a) Residence, No. 20 E. 72nd St. St. 9 Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 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) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1879  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 1 21  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235  
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 \_\_\_\_\_

9A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George C. Chapman

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA  
13. NAME Arthur C. Atherton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know  
15. MAIDEN NAME Gertrude Cole  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Mr. George C. Chapman (ADDRESS) 20 E. 72nd St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 4-15-32

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED 4-13-32 Registrar M. M. Corvise

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13-32 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 3rd, 1932, to Apr 13th, 1932. I last saw him alive on Apr 12th, 1932. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Lobar Pneumonia

Date of onset 4-8-32

Other contributory causes of importance: Alveolar Emphysema

8 mos

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) H. H. Lane, M. D.  
(Address) 824 Rialto Bldg KC 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.

Review only

2:00 to 7:00

906 grand