

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

Do not use this space.

18167

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 701
Primary Registration District No. 1008

File No.
Registered No. 5144 (Ward)

2. FULL NAME

John Chatman

(a) Residence No. 2615² Walnut St. 22 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 Cal 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Chatman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>43</u>	<u>3</u>	<u>13</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 237
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) La

10. NAME OF FATHER Horace Chatman

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

12. MAIDEN NAME OF MOTHER Emily Chatman

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

14. INFORMANT Maggie Chatman
(Address) 2615² Walnut

15. MAY 28 1932 FILED W. C. Standiford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-20-1932

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to May 20, 1932.
that I last saw h.w. alive on May 130, 1932, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Regurgitation
92 A (duration) yrs. mos. 20 ds.
(Dropsy) General Acites (duration) yrs. mos. 20 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Symptoms
(Signed) H. C. Vincent M. D.

. 19 (Address) 2601 Walnut

*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 Greenwood DATE OF BURIAL May 29 1932

20. UNDERTAKER J W Hughes ADDRESS 2620 Lantou

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.

