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

Do not use this space.

18336

97
5
7

1. PLACE OF DEATH

County Saline — Registration District No. 796 — File No.

Township — Primary Registration District No. 6039 — Registered No. 7

City Marshall (No. ..... St. ..... Ward)

2. FULL NAME Maggie C. Chapman

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C. Clarance Chapman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 16-1878

7. AGE: Years 53 — Months 7 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ✓ 235
(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN): Saline Co.
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: James F. Farmer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Maudance Morris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: C. C. Chapman
(Address): Marshall Mo

15. FILED 5-2, 1932 A. C. Putnam, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 2 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to May 2, 1932, that I last saw her alive on May, 1932 and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uraemia and 126
Gall Stones 1220
(duration) 4 yrs. mos. ds. 132B

CONTRIBUTORY (SECONDARY): Cholecystectomy
(duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓ ①
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-23-32
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) S. Summers, M.D.
5/2, 1932 (Address) Marshall 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: Ridge Park Cem — DATE OF BURIAL: May 3 1932

20. UNDERTAKER: R. W. Campbell — ADDRESS: Marshall

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD