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.

SEP 26 1933

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

Do not use this space. 25704

256

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 829
City St Joseph Mo (No. State Hospital #2 St. Ward)

2. FULL NAME J. H. Chapman
(a) Residence, No. 2737 Seneca St. Joseph Ward Mo (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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ota Chapman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1860
7. AGE YEARS 73 MONTHS 7 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired County Jdg.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Andrew Co. Mo.
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) Sherman Texas

FATHER
13. NAME Benj Chapman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas

MOTHER
15. MAIDEN NAME Margaret Spray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown America

17. INFORMANT (ADDRESS) State Hospital Records St Joseph Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Savannah Mo. Cem.
PLACE Savannah Mo. DATE August 20, 1933
19. UNDERTAKER (ADDRESS) W. O. Sidenfaden 1802 Union st St Joseph Mo.
20. FILED 8-19, 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug 18, 1933
I last saw him alive on Aug 18, 1933 Death is said to have occurred on the date stated above, at 10 30 P m.
The principal cause of death and related causes of importance were as follows:
Francha Pneumonia — Date of onset 8-16-33
107 H
97
1070

Other contributory causes of importance:
Arteriosclerosis — Indefinite

Name of operation No Date of
What test confirmed diagnosis? Clin 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? No Injury (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 None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) State Hospital Records