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

Do not use this space. 32554

1. PLACE OF DEATH
County Clinton — Registration District No. 207 — File No. 20
Township Concord — Primary Registration District No. 4125 — Registered No. 35
City Platsburg (No. ..... St. ..... Ward)

2. FULL NAME John Henry Chipman
(a) Residence, No. Platsburg St., 410 North 8th St.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 54 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Elizabeth Chipman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23-1848
7. AGE: YEARS 85 — MONTHS — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (month and year) Spring of 1926
11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State Road North Carolina

FATHER
13. NAME Thomas Chipman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

MOTHER
15. MAIDEN NAME Asenith Hitchcock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) C. C. Chipman Platsburg Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Platsburg DATE Oct. 7. 1933
19. UNDERTAKER (ADDRESS) H. D. Wilson King City Mo.
20. FILED Oct 6 1933 O. W. Chaptain Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct, 1931, to Oct 6, 1933
I last saw him alive on Oct 5, 19.. Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis & Arteriosclerosis	1932
131	
97	
131	

Other contributory causes of importance:

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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) P. M. Steckman, M. D.
(Address) Platsburg 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.

NOV 10 1933