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.

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

Do not use this space.

JAN 4 1934

1. PLACE OF DEATH
County Dent
Township Short Bend
City Sligo Mo.
Registration District No. 266
Primary Registration District No. 5-377
File No. 36098
Registered No. 74
(No. ..... St. ..... Ward)

2. FULL NAME Ervin Chapman
(a) Residence, No. ..... St., ... 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 M.
4. COLOR OR RACE W
5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20th 1933
7. AGE YEARS MONTHS DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Sligo Mo. Missouri

FATHER
13. NAME T. C. Chapman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sligo Mo Missouri

MOTHER
15. MAIDEN NAME Grace Homonde
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sligo Mo. Missouri

17. INFORMANT (ADDRESS) T. C. Chapman Sligo, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sligo Cemetery DATE Nov 27 1933

19. UNDERTAKER (ADDRESS) L. Jones & Son Steelville Mo.

20. FILED 11/27 1933 W. E. Rudd, Mo. Ld
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1933, to Nov. 26, 1933
I last saw him alive on Nov. 25, 1933 Death is said to have occurred on the date stated above, at 12 Noon
The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho-pneumonia

Other contributory causes of importance

1070

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No.

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) Jas. G. McCarty, M. D.
(Address) Salem Mo.