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.

JUN 25 1934

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

Do not use this space.

File No. 17607

Registered No. 63

1. PLACE OF DEATH

County Pemiscot — Registration District No. 651

Township Little Prairie — Primary Registration District No. 4388

City Leville (No. ..... St. ..... Ward)

2. FULL NAME Frankie 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: Male

4. COLOR OR RACE: Bell

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1933. 3. 13

7. AGE: YEARS 1 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

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): Caruthersville Mo

FATHER

13. NAME: Oscar Chapman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Widener Ark

MOTHER

15. MAIDEN NAME: Annie Perkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenwood Miss

17. INFORMANT (ADDRESS): Oscar Chapman Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mason Cem DATE 5-24 1934

19. UNDERTAKER (ADDRESS): W. M. Hardrick Leville Mo. Caruthersville, Mo.

20. FILED June 5, 1934 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934, to May 23, 1934

I last saw him alive on May 21, 1934. Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

Colitis

119B 119B

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical 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? No

If so, specify .....

(Signed) G. W. Phipps, M. D.

(Address) Caruthersville, Mo.