

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **2610a** East Ave) St. Ward)

File No. **22478**
Registered No. **6296**

2. FULL NAME

(a) Residence, No. St. **21** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF **Henry Chapman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1, 1857**

7. AGE YEARS **77** MONTHS **1** DAYS **4** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. **Housewife**

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) **England**

13. NAME **Peter Kiddle**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT **Henry Chapman** (ADDRESS) **2610a East Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Stanton** DATE **June 27, 1934**

19. UNDERTAKER **John P. Adams** (ADDRESS) **2713 1/2 E. 12th St.**

20. REGISTERED **J. J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 25, 1934**

22. I HEREBY CERTIFY that I attended deceased from **1935** to **June 25**, 19**34**
I last saw her alive on **June 25**, 19**34** Death is said to have occurred on the date stated above, at **8 a.m.**

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

Arterio Sclerosis
186A
196A
Other contributory causes of importance:
Stroke 8 yrs ago
fell out of bed at home
8 yrs ago

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? **no** 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. **home**

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

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify

(Signed) **Amuel**, M. D.
(Address) **2704 Cass**

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.

AUG 1, 1934

8

