

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.

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

Do not use this space.

Aug 20 1935

23042

1. PLACE OF DEATH

County JACKSON Registration District No. 399  
Township RAW Primary Registration District No. 1002  
City KANSAS CITY (No. MENORAH HOSPITAL)

File No. 2780  
Registered No. 2780  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MISS ANNA L CHAPMAN

(a) Residence, No. 10-WEST-69TH St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-9-1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY That I attended deceased from April 23, 1935, to July 9, 1935  
I last saw her alive on July 9, 1935. Death is said to have occurred on the date stated above, at 7:55 P.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-18-1888

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 2 21

Carcinoma of Rectum  
(Secondary to 48)  
Date of onset Mar 1935  
Other contributory causes of importance: Carcinoma uterus 1932

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MILLINERY DESIGNING  
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) PLATTEVILLE  
(STATE OR COUNTRY) WISCONSIN

Name of operation Rectal Resection Date of May 9 1935  
What test confirmed diagnosis? Biopsy Was there an autopsy? No

13. NAME ROBERT R. CHAPMAN

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)

14. BIRTHPLACE (CITY OR TOWN) PLATTEVILLE  
(STATE OR COUNTRY) WISCONSIN

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

15. MAIDEN NAME ISABELLE BONSON

16. BIRTHPLACE (CITY OR TOWN) PLATTEVILLE  
(STATE OR COUNTRY) WISCONSIN

17. INFORMANT MR. ROBERT R. CHAPMAN  
(ADDRESS) 10-WEST-69TH ST

18. BURIAL, CREMATION, OR REMOVAL  
PLACE MEMORIAL PARK DATE JULY-11-1935

19. UNDERTAKER D.W. NEWCOMER'S SONS  
(ADDRESS) 2111-EAST-9TH ST

20. FILED July 10 1935 M.M. Groves  
Registrar.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) Harry C. Lapp, M. D.  
(Address) 1314 Professional Bldg

1314 Professional Bldg.

2-5