

OCT 25 1935

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

Do not use this space.

30074

1. PLACE OF DEATH

County Madison  
Township Euclid Twp  
City (No. ....) St. .... Ward .....

Registration District No. 538  
Primary Registration District No. 5724

File No. ....  
Registered No. 21  
St. .... Ward .....

2. FULL NAME

Lula 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 F. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
45 1 10

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

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) Iron County Mo.

13. NAME James M. Clard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Levan

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs. John Martin

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Mine DATES Sept. 5 1935

19. UNDERTAKER (ADDRESS) None

20. FILED Sept 4 1935 S. C. Slaughter Registrar

By C. A. Schwane

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29 1934, to Sept. 4 1935  
I last saw her alive on July 22 1935 Death is said to have occurred on the date stated above, at 4 P. M.

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

Pulmonary Tuberculosis Date of onset 1935

J. B.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Microscopic Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

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? Yes

If so, specify .....

(Signed) S. C. Slaughter, M. D.

(Address) Fredericktown

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.

