

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.

APR 23 1936

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

Do not use this space.

10617

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jackson Primary Registration District No. 1002
City Transoaks (No. 7 C Gen. Hosp)

File No. 9-28
Registered No. 100
St. _____ Ward _____

2. FULL NAME

Ben Chapman
(a) Residence, No. Curly Hotel 9th & 15th St. 15th Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS 59 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER FATHER 13. NAME Ben Chapman

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

15. MAIDEN NAME Whitson

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

17. INFORMANT Deane Clark
(ADDRESS) 225 Gen Hosp 92cm

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE March 1936

19. UNDERTAKER Peter B. Lukatina
(ADDRESS) 538 Campbell

20. FILED Mar 10 1936 M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-2 1936 to 3-6 1936

I last saw him alive on 3-6 1936 Death is said

to have occurred on the date stated above, at 7:30 am

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

Lobar Pneumonia Date of onset _____

Other contributory causes of importance; Toxic Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

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) J. H. Gennard, M. D.

(Address) 7 C Gen Hosp 92cm

