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.

MAY 21 1936

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

Do not use this space.

15559

1. PLACE OF DEATH
County Jackson
Township Prairie
City Lees Summit (No. ..., ... St. ..... Ward)

Registration District No. 400
Primary Registration District No. 4235

File No. .....
Registered No. 118

2. FULL NAME John M. Chapman
(a) Residence, No. 605 So Douglas St., ... Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6. 1849

7. AGE — YEARS 87 MONTHS 1 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) 1912
11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middeltown Boone Co. Mo.

FATHER
13. NAME Charles Chapman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Eliza Self.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Dixie D. Chapman Lees Summit

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lees Summit DATE 4/24/ 1936

19. UNDERTAKER (ADDRESS) N. B. Langsford Lees Summit Mo.

20. FILED 4/23/ 1936 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1936, to April 22, 1936
I last saw him alive on April 22, 1936. Death is said to have occurred on the date stated above, at 3:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	4/20/36
Chronic Myocarditis	1933
Angina Pectoris	1935
Endophisliomacia	1934
94	

Other contributory causes of importance:

Senile Dementia	1931

Name of operation X Date of X
What test confirmed diagnosis? X 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) Clint L. Miller, M. D.
(Address) Lees Summit, Mo.