

OCT 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County... MONROE
Township.....
City... Paris, Missouri. (No.,)

Registration District No. 582
Primary Registration District No. 4344

File No. 35039
Registered No. 60
St. Ward)

2. FULL NAME

MARY JOE CHAPMAN

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Paris, Missouri.

FATHER 13. NAME Elton Chapman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Missouri.

MOTHER 15. MAIDEN NAME Marieta Wingate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

17. INFORMANT Elton Chapman (ADDRESS) Paris, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE VALMONT GROVE DATE SEP 22 1936

19. UNDERTAKER Speed & Blakey (ADDRESS) Paris, Missouri.

20. FILED SEP 22 1936 H. C. Paeme Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1936, to Sept 22, 1936

I last saw him alive on Sept 22, 1936. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Spontaneous (8 mos) under development of metastasis of heart. Date of onset

Other contributory causes of importance: 1510

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) H. C. Paeme, M. D.

(Address) Paris, Missouri.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

