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.

JAN 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Livingstone — Registration District No. 508 — File No. 49504

Township — Primary Registration District No. 3026 — Registered No. 185

City Chillicothe (No. , St. Ward)

2. FULL NAME Alice Chapman

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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) 12-30-'36

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Chillicothe, Mo.

FATHER
13. NAME J. T. Chapman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith Center, Kan.

MOTHER
15. MAIDEN NAME Ida Hunley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennesee

17. INFORMANT (ADDRESS) J. T. Chapman Dawn, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Utica, Mo. DATE 12-31 1936

19. UNDERTAKER (ADDRESS) F. B. Norman Chillicothe, Missouri

20. FILED Dec. 31 1936 Donald M. Dowell M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1936, to Dec 30, 1936

I last saw h ~~alive on~~ , 19 Death is said to have occurred on the date stated above, at 12:20 p.m.

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

Still Born

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) [signature], M. D.

(Address)

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