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.

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

Do not use this space.

FEB 26 1937

897

1. PLACE OF DEATH
County Gentry
Township
City Albany (No. , St. Ward)
Registration District No. 309
Primary Registration District No. 4185
File No.
Registered No. 3

2. FULL NAME John C 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 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 Kate Pol
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1857
7. AGE YEARS 79 MONTHS 5 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. 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) Indiana

FATHER
13. NAME John Chapman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Bert Chapman Grant City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview DATE Jan 15 1937
19. UNDERTAKER (ADDRESS) Clifford Brooks Albany Mo
20. FILED Jany 16 1937 W. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 5th 1937, to Jan 14th 1937
I last saw him alive on Jan 10th 1937. Death is said to have occurred on the date stated above, at 1250 A. M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset Jan 5th

Other contributory causes of importance:
Chronic Interstitial Nephritis

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) W. S. Campbell, M. D.
(Address) Albany Mo