

JUL 29 1937

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

Do not use this space.

23915

1. PLACE OF DEATH

County Jackson  
Township Leas Summit  
City Residence

Registration District No. 400  
Primary Registration District No. 4235

File No. ....  
Registered No. 123  
St. .... Ward)

2. FULL NAME

James Norman Chapman  
(a) Residence, No. Leas Summit Mo. 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 married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lloyd Chapman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-1st-1879  
7. AGE YEARS 57 MONTHS 8 DAYS 26  
If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician  
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) August  
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whittsburg - Ind.

13. NAME D. J. Chapman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Lynn Conn.

15. MAIDEN NAME Jessie Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Lynn Conn.

17. INFORMANT (ADDRESS) Mrs. James Chapman Leas Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL Floral Hill June-29-37

19. UNDERTAKER (ADDRESS) Fields, James Leas Summit Mo.

20. FILED 6-28-37 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27-1937  
22. I HEREBY CERTIFY That I attended deceased from March 10, 1937 to June 27, 1937  
I last saw him alive on June 27, 1937. Death is said to have occurred on the date stated above, at 7:00 p.m.  
The principal cause of death and related causes of importance were as follows:

Addison's Disease Date of onset 1936  
Tubercular Arthritis 1934

Other contributory causes of importance: 27/32

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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 P. Miller, M. D.  
(Address) Leas Summit, Mo

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.

OCCUPATION  
FATHER  
MOTHER

